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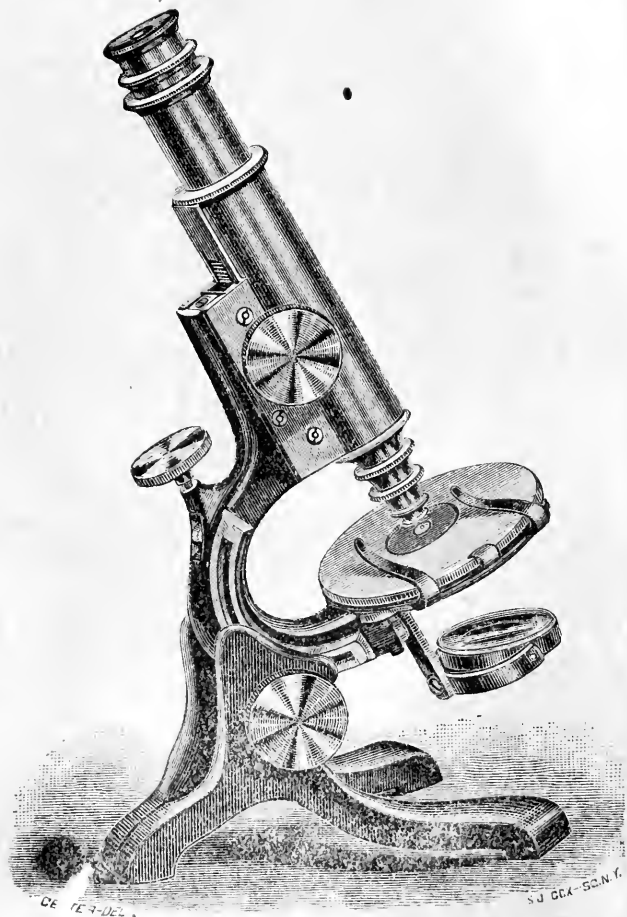
J. A. THACKER, A. M., M. D.

CONTENTS.

	PAGE.
A Contribution to the Clinical Study of Exophthalmic Goitre.....	721
Dr. Tanner and the Effects of Starvation on the Blood.....	736
Hydatids of Right Lung; Obstinate Dry Cough; Formation of White Fibrinous Clot in Heart; Death.....	738
The Blood in Febrile States.....	740
On the Curability of Acute Phthisis (Galloping Consumption).....	741
On the Treatment of Bright's Disease, with Special Reference to the Use of Diuretics....	744
Infant Psychology.....	747
The Treatment of Compound Fracture with Compound Tincture of Beuzoin.....	750
The Treatment of Consumption.....	751
To Restore Motion in False Ankylosis.....	752
Hyoseyama.....	754
Peritonism.....	756
Abortion through Sympathy.....	757
Gleanings.....	758
Book Notices.....	773
Editorial.....	775

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THE CINCINNATI MEDICAL NEWS.

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ORIGINAL CONTRIBUTIONS.

A Contribution to the Clinical Study of Exophthalmic Goitre

BY WILLIAM PEPPER, A.M., M.D.,

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Read before the State Medical Society of Pennsylvania.

MANY names have been applied to the peculiar condition of disease characterized by rapid action of the heart, protrusion of the eyeballs and enlargement of the thyroid gland. Most of them are open to the objection of not indicating definitely either the principal symptoms, or the essential character of the affection. It is on this account that I much prefer the name "Exophthalmic Goitre" to either that of Graves' disease, or of Basedow's disease, by one or the other of which it is most commonly described.

Exophthalmic goitre is not a distinct and specific disease in the sense that typhoid fever and acute croupous pneumonia are, but still it has a perfectly well-established claim to its place in our nosology. It is true that in well-marked cases there are certain features which are dependent on the anæmia which is so frequently present, and others which are due to the general neurasthenia that is usually attendant. But apart from these, there is the clearly defined group of symptoms first mentioned, which are so peculiar and so constantly associated in this disease as to clearly establish its separate identity, and to show that it is connected with some special morbid condition. A good idea of the cause of exophthalmic goitre in its

aggravated form may be gathered from the following history:

CASE I.—R. T., a tall, spare woman of nervous temperament, when about twenty-seven years of age, suffered a severe disappointment in a love affair. Soon afterward she began to present symptoms of impaired nutrition, loss of color, emaciation, debility, etc. She became much more highly nervous and excitable. At the same time the action of the heart became rapid and excited, and the thyroid gland enlarged. There was a marked irregularity of menstruation. There was a marked anæmic bellows murmur over the base of the heart. The carotid arteries pulsated violently, and were the seat of a strong thrill and aneurismal bruit. There was also pulsation of the thyroid gland, with thrill and murmur. Under the use of iron, digitalis and tonics, she improved so much that she discontinued treatment. Before long she suffered from a return of all the above symptoms in an aggravated form, and, in addition, there was prominence of the eyeballs; but again she found relief, and during the next five years she had several similar relapses, though each time the symptoms were more advanced. The degree of enlargement of the thyroid varied considerably, being extremely marked at times. Both lobes were equally affected.

The prominence of the eyeballs also varied much from time to time; during several of the attacks, being so extreme that the eyelids would not close over them. On several occasions there was slight conjunctivitis, always easily relieved. The attacks were always marked by a great increase in her debility and nervous excitability. The heart's action never regained its normal state, but continued rapid and easily excited by slight causes. At times the pulse was exceedingly rapid, 130 to 150 in the minute. After several such attacks her general health became permanently impaired. The bellows murmur became harsher in character. The area of cardiac dullness increased, and the sounds of the heart became sharp and weak, indicating the development of dilatation with slight mitral insufficiency. Edema of the feet and other evidences of impaired circulation now appeared. In the spring of 1864 she again came under my observation, and in far worse condition than at any previous time. She had been suffering greatly for some time, and had for

several years used stimulants freely. The heart's action was very rapid and feeble, and there was violent pulsation in the cervical vessels. The thyroid gland had diminished somewhat in size, but was hard and inelastic. The eyeballs still protruded greatly; there was no inflammation of the cornea or conjunctiva. There were œdema and ascites, and a few days later jaundice appeared and was soon followed by death.

It may be observed, in the first place, that in the above case the subject was a woman, and experience shows that exophthalmic goitre occurs more frequently in the female sex. Of thirty-eight fully developed and undoubted cases of which I have preserved more or less full notes, thirty-one occurred in females, and seven in males; and the same preponderance of females obtained in over thirty more or less typical cases which I have not used in the preparation of this sketch. The disease is more frequent in early adult life, but it has been met with at all ages. The earliest period at which I have met with a fully developed case was at ten years, and on the other hand I have seen several instances of it at the age of fifty five, sixty, and even later. * * *

Exophthalmic goitre may exist in its most intense degree without any organic changes in the heart. It is indeed true, that when the disease has been long continued, evidences of serious impairment of the heart's function often appear; but these are usually to be explained by degeneration of the walls of the heart, with dilatation of its cavities consequent upon prolonged anæmia and malnutrition. Again, while it is further true that exophthalmic goitre sometimes appears in patients who are subject to organic disease of the heart, there is always in such cases an additional element of morbid vascular action, while innumerable cases of organic heart disease of all types occur without the presence of the characteristic symptoms of exophthalmic goitre. Since, then, organic heart disease is either an accidental coincidence or a late complication, it is evident that the intense functional disturbance of the heart, which is so constant and so early a symptom, must be due to some morbid condition of the ganglia and plexuses of nerves controlling its action.

The only satisfactory explanation of the remarkable symptoms connected with the cervical vessels and thyroid gland and the eyeballs, is to be found likewise in a mor-

bid state of the vaso-motor nerves controlling the carotid trunks and their branches. The thyroid arteries are greatly dilated, and the enlargement of the gland which takes place is found to depend anatomically upon extreme dilatation of the vessels of its substance, together with infiltration with serum and some hyperplasia of the gland tissue. In like manner the protrusion of the eyeballs, about which so many theories have been advanced, is now recognized as being due to swelling of the post-ocular intraorbital fat, from hyperæmia with œdema and sometimes with hyperplasia.

The frequency with which cases of the most aggravated type recover entirely is destructive to the view that actual organic lesions of the nervous ganglia are necessarily or even frequently present.

Finally all analogies with other parts of the nervous system would favor the view that a state of reduced and exhausted activity of these ganglia might fully account for the striking symptoms produced. I believe myself that in the great majority of cases the condition is of this latter kind; and while in some instances exophthalmic goitre is due to organic disease of the nervous system, it is more frequently only a modality of neurasthenia; that is to say, a state of exhaustion of nervous power with irritability, specially localized upon the cardio-carotidean tract. We are familiar with other instances where such a morbid condition of nervous system affects special localities, but in none is the localization more definite or the symptoms more characteristic than in the affection we are considering.

In returning to examine more at length the causes of exophthalmic goitre, we will be struck with the fact that they seem to be exclusively such as are apt to produce depression and exhaustion of the nervous system, if not actually organic disease. In most instances there will further be found a previous state of nervous susceptibility and weakness, constituting the familiar nervous temperament which must be regarded as a predisposing cause. Not rarely the exciting cause will be found to be some sudden and severe shock to the emotional nervous system. Thus I have known in several instances the initial symptoms to date from a sudden and severe fright; from disappointed affections; from severe and wearing anxiety in connection with marriage; from protracted

strain in supporting severe reverses of fortune, etc., etc.

CASE II. *Chronic Intestinal Catarrh; Extreme Nervous Disturbances; Anæmia; Exophthalmic Goitre with rapid Action of Heart; Rapid Loss and Gain of Flesh; Recovery.*—Miss A., aged twenty, although generally healthy, had always been nervous. She had always been used to eating unwholesome food, candy, cake, sugar, with quantities of tea and coffee, and insufficient food of plain nourishing character. In the summer of 1876 she attended camp-meeting, was subjected to great nervous excitement, and was much exposed at same time. Severe diarrhea resulted and was not checked. No attention was paid to diet or to avoidance of exposure. The stools were frequent; twelve to twenty on some days, thin, whitish and fetid. This condition became chronic. Soon afterward, in September, 1876, she noticed palpitation of the heart, with dyspnœa, and enlargement of the thyroid gland. She grew weak, and lost flesh rapidly. She became extremely nervous, and very lachrymose, so that she wept on the slightest cause. Her temper was not particularly changed, except that she became more petulant. Frequently, an ordinary remark quietly addressed to her would cause a burst of tears. By Christmas, 1876, exophthalmos began, and rapidly increased until her eyes were very prominent. She continued in about this same condition, despite medical treatment, until October 20, 1877, when I first saw her. The diarrhea had persisted with the same character of stools. Menstruation had ceased five months previously. She had lost much flesh, her weight being scarcely ninety pounds, whereas fourteen months previously it had been one hundred and forty pounds. Her appearance was shocking on account of the extreme exophthalmos and the very large goitre. She was unable to close the eyelids. The action of the heart was constantly rapid, and frequently it rose as high as 175 to 185. There was a soft anæmic cardiac murmur over the base. The thyroid gland pulsated very strongly, and was the seat of a strong diffused thrill, and of a loud, shrill murmur. When the stethoscope was applied over the temporal fossa, to the anterior part of the parietal bone on either side, a distinct high-pitched murmur was audible.

She was immediately placed on the use of skimmed milk (of which she soon drank two quarts daily) with stale

bread, and two soft-boiled eggs daily. Nitrate of silver with opium in pill form were given, and fifteen drops of tincture of digitalis thrice daily. The diarrhoea was soon controlled, after which dialyzed iron was substituted for the silver and opium, and bromide of potassium gr. viij was given in combination with the digitalis. All of her symptoms improved rapidly, and she gained flesh quickly. She soon wearied of the restricted diet, and about the middle of December she stopped all treatment, and returned to the use of a mixed diet. Diarrhoea soon returned and she rapidly lost the flesh she had gained; and all of her symptoms, the cardiac excitement, goitre and proptosis, again increased. On February 7, 1878, I saw her again and directed a return to a similar diet, and to the use of silver and opium for a time, to be followed later by digitalis and dialyzed iron. The diarrhoea was again checked readily, and rapid improvement commenced immediately and continued without any interruption. The dialyzed iron was increased gradually from ten to forty drops, and its effects were definite and gratifying. If suspended for even two or three days she asserted that she missed its tonic influence. Her gain in weight was as follows: From February 7 to March 19 (forty days), from one hundred to one hundred and twenty-five lbs.; from March 19 to June 20 (ninety-three days), from one hundred and twenty-five to one hundred and forty-two (seventeen lbs.). She seemed to make blood and flesh so rapidly that, at that time, the dose of dialyzed iron was lessened to ten drops. She increased to one hundred and fifty pounds in the course of six weeks, having gained sixty pounds in all within a period of nine months. There was a correspondingly rapid improvement in the nervous symptoms. She ceased to be lachrymose, and lost to a great extent the morbidly excitable, impressionable character she had before presented. Her color became healthy. The prominence of the eyes disappeared almost entirely by June 20, 1878, and when I last saw her, December 14, 1878, it had not returned. The enlargement of the thyroid gland had also gone. By June, no hæmic murmur could any longer be heard over heart, neck or temple; and all pulsation, thrill and murmur had gone from the region of the thyroid gland. Menstruation returned in May, 1878, after an absence of fifteen months, and subsequently continued regularly. The pulse still continued

somewhat too rapid, and was readily accelerated by effort or excitement. Up to December, 1878, she still continued a diet chiefly of milk and farinacea, with but little meat, and no tea or coffee.

CASE III. *Chronic Intestinal Catarrh; Anæmia; Exophthalmic Goitre; Rapid Action of Heart; Repeated Epistaxis; Rapid and Extreme Emaciation; Recovery.*—Mrs. ——— was sent to me in August, 1878, by Dr. Birnie, of Maryland. She was about twenty-two or twenty-three years old, and had recently been married. From 1870 to 1873 she resided in an unhealthy locality, and there began to have occasional spells of feverishness which soon became accompanied by diarrhea. These attacks would usually last three or four days at a time. There does not seem to have been any fully developed malaria. After returning to her home, which was in a healthy mountainous district, she continued to have occasional spells of diarrhea with feverishness. She did not, however, lose much flesh or strength. In the spring of 1876, enlargement of the thyroid gland and prominence of the eyeballs was first noticed. At that time she weighed one hundred and four pounds. In June, 1877, a severe attack of diarrhea began and continued until the following October. During this time she rapidly lost weight until she reached sixty-eight pounds. The enlargement of the thyroid gland and the exophthalmos also increased rapidly and attained proportions as great as at any subsequent period. After the cessation of the diarrhea in October, 1877, she began to gain weight, and during the ensuing winter reached one hundred and eight pounds. There was, however, no improvement in the condition of the eyeballs or of the thyroid gland. She continued weak also, and with marked excitement of heart's action.

Diarrhea returned in June, 1878, but for some time previously she had been losing in strength and probably in flesh. By the time I first saw her in August she weighed less than seventy pounds. The character of the discharges in all the attacks of diarrhea was similar; thin and watery, with particles of undigested food, but without either blood or pseudo-membrane. There has been very frequent complaint of pain at the lower part of the abdomen. In addition to the above symptoms, there have been for several years quite frequent and copious hemorrhages from the nose. Menstruation has always been

scanty and irregular, and lately has been absent entirely for a number of months; it occurred twice in 1877, and three times in 1878. During the summer of 1878, œdema of the ankles frequently appeared toward evening.

On examination in August, 1878, her condition appeared very alarming. She was extremely emaciated and feeble. The immense protrusion of the eyeballs, and the enormous enlargement of the thyroid gland, gave her a shocking appearance. She was unable to cover the corneæ, but no inflammation had occurred. Emaciation was extreme; her weight did not reach seventy pounds, and the skin and mucous membranes were bloodless and slightly sallow. The tongue was tremulous, red and smooth. Appetite was capricious and somewhat abnormal. The bowels were moved frequently, from four to eight times in twenty-four hours, the character as above given. Respirations were frequent and increased markedly by the slightest exertion. The pulse was very small, weak and frequent; in the sitting posture, it averaged 140. Exertion brought on severe palpitation. The heart sounds were sharp and feeble, with strong hæmic murmurs at the base, and along the pulmonary artery. The carotids throbbed excessively, and the thyroid was the seat of strong diffused pulsation and thrill, with loud humming murmur on auscultation. No venous hum could be heard on ausculting the temples. There had been frequent epistaxis of late. The feet and ankles were œdematous. The urine was pale, of low sp. gr. 1009-1010, but contained no albumen.

She had already used iron, tonics, bismuth and ergot. I now directed her to use an exclusive diet of milk and arrowroot, to have absolute rest, and to take a pill of nitrate of silver, gr. 1-5, with powdered opium gr. 1-4 thrice daily. She went directly to the sea-shore, but the climate did not suit her; and although she had gained somewhat when I next saw her in September, the diarrœa and attacks of epistaxis continued. She was then directed to remain in bed for several weeks, the diet was restricted to light broths, milk and water, and arrowroot, and pills of sugar of lead and opium were given. The diarrœa was soon checked; she was thoroughly anointed daily with oil, and her diet was cautiously enlarged. In consequence of febrile symptoms with a tendency to night sweats, she took for a time six grains of quinia sul-

phate daily in divided doses. On September 25th, there was such marked improvement that she returned home to Baltimore, and resumed the use of nitrate of silver and opium, as the stools, although solid, were too frequent. Dialyzed iron was also given, at first in doses of eight drops three times a day. The nitrate of silver was continued for more than two months, with occasional short interruptions. The iron was increased to thirty drops three times a day, and was continued until May 1, 1879. The diet was rigidly restricted for several months, and then cautiously enlarged.

Improvement was steady and rapid. Menstruation became regular in March, 1879. By February her weight had gone up to one hundred and two. The prominence of the eyeballs had almost disappeared, and there was marked decrease in the enlargement of the thyroid. The heart's action was still too rapid and readily accelerated. Epistaxis became very rare. Since then, until the present time, May, 1879, the improvement has continued.

It will be seen from the above cases, and from what has been said, that anæmia is a very frequent attendant on this disease. The fact has long been recognized that, in all conditions of neurasthenia, anæmia, both general and of the nervous centers, is a most important factor. This certainly holds true in regard to exophthalmic goitre. In many cases a well-marked state of anæmia is produced before the characteristic symptoms appear, and it may be safely regarded as a powerful predisposing cause. When the anæmia has become marked, and a state of general susceptibility and weakness has been developed, it needs only some special circumstance or some special pre-existing vulnerability to localize the morbid action upon the ganglia and nerves involved in exophthalmic goitre, in order that the symptoms of this affection may be induced. In some cases, pronounced anæmia does not precede, but follows the characteristic symptoms, but it is then also due to the continued operation of the depressing causes. It may be concluded that anæmia is one of the most constant conditions in exophthalmic goitre, though among my notes of thirty-eight cases, I find twelve in which no positive anæmia existed. There does not seem to be any organic lesion of the blood-making tissues, such as the spleen, lymphatic glands, or marrow of bones. In those cases where I have examined the

blood, there has been no increase in the number of white corpuscles, but merely a marked decrease in the red globules; though I believe the accurate enumeration of the blood corpuscles in this disease is still a desideratum.

The disturbance of the heart's action is the most constant, and is usually the first to appear. The pulse becomes unaccountably rapid. Sometimes the patient is scarcely conscious of this, while in others there is a sense of præcordial distress, with at times severe spells of palpitation and tumultuous action. I have occasionally known the pulse to have continued rapid, presenting unusual resistance to the controlling influence of digitalis and other remedies, for a long period before the other symptoms ensued. The pulse rate usually rises to 120 and over, and in severe cases I have known it 150, 160, and even 180, and this for considerable periods of time together. The heart's sounds are usually sharp and clear, and later are apt to become feeble, even if valvular disease is absent; and a murmur or murmurs will usually be heard at some period of the case. These are generally soft and blowing in character, systolic in time, and located over the base of the heart, extending along the great vessels. In some cases they may be due to irregular muscular action, but undoubtedly are for the most part anæmic in character. It is perhaps due to the impaired nutrition usually attending, that such intense and prolonged excitement of the heart's action does not more frequently become associated with hypertrophy. But the symptoms may persist for a considerable time without such a result; and usually it is only when advanced malnutrition and anæmia have gravely impaired the tenacity of the heart's muscle that passive dilatation occurs. In connection with the anæmic murmurs referred to over the heart, I would call attention to the unusual points at which such murmurs may be heard in these cases. Russell speaks of strong bruits over the cervical vertebræ. I have heard them there myself, and in Case II, have described the loud murmurs which were audible over the temporal fossæ, as well as over the vertex. The murmur which is frequently heard over the thyroid gland is diffused and prolonged, but may be quite high pitched and shrill.

The enlargement of the thyroid, the second of the characteristic symptoms of this disease, is also very constant. It appears early and usually attains considerable magni-

tude in marked cases. I have more frequently observed both the lobes to be equally enlarged, though in some cases the enlargement is not symmetrical. It will be noted that the enlargement of the thyroid gland varies remarkably from time to time. In females it is not unusual for it to increase at or before the menstrual period. At such times I have known sudden and abrupt increase in the enlargement to occur in a single hour, even causing great distress to the patient. As a rule, a sense of fullness and weight is all that is complained of, but at times there may be an occasional feeling of oppression with some difficulty in deglutition. In but one case have I known pain in the thyroid to be complained of. The enlarged gland pulsates distinctly, and when grasped by the hand, we find that this is attended with distinct distension of its substance. In addition to the pulsation, there are also a marked thrill and a distinct murmur. The thyroid enlargement varies with the intensity of the general symptoms. At different periods of the same case, it may vary from a slight degree to a swelling so enormous as to cause great deformity. As the symptoms subside and the case approaches a favorable conclusion, it diminishes and even disappears entirely. The gland is at first painless, elastic and soft, though at times it may be extremely tense.

The protrusion of the eyeballs is one of the most important symptoms, especially in a diagnostic point of view. The increased action of the heart and the thyroid enlargement usually become marked before the exophthalmos reaches a high degree, but Von Graefe pointed out the fact that if a patient, even in the early stages, be requested to look downward, the upper eyelid will be seen not to follow perfectly the ball, so that a segment of the cornea and a part of the sclera will remain visible. This test may be safely applied in suspected or doubtful cases in the early stages. I have already mentioned the anatomical changes (hyperæmia, œdema, and sometimes hyperplasia of the intraorbital fat) which produce the protrusion of the eyeballs. In severe cases this protrusion becomes so marked that the patient is unable to close the lids. Inflammation of the conjunctiva is by no means common, considering the long continuance of such exposure of the globe of the eye. I have seen several mild attacks of this trouble, and there are cases on record

in which serious inflammation with ulceration of the cornea has occurred. The vision is not impaired. It will be very frequently (14 in 27 cases) observed that the pupils are dilated, though they still respond to light. When the protrusion of the eyeballs reaches an intense degree, so that the sclerotic, with its enlarged vessels, is widely exposed; and when the enormous enlargement of the thyroid, with the fullness and violent pulsation of cervical vessels, causes extreme disfigurement of the neck; while the anæmic and emaciated appearance of the patient brings into bolder relief these conditions, the physiognomy of this disease is one of the most striking and hideous that can be conceived.

There are a few other symptoms which require mention. Menstrual disorders are among the most frequent of these. It would also appear that they occasionally act as the cause of exophthalmic goitre, since it seems probable that the prolonged reflex irritation from a diseased uterus, acting upon a system predisposed, may serve as the exciting cause. More frequently by far, however, the uterine disturbances appear as symptoms and are dependent upon the anæmia and neurasthenia. In more than one-half of my cases, irregularity or absence of menstruation occurred, and this was especially marked in the cases I have here cited. As long as menstruation continues, the enlargement of the thyroid and the exophthalmos may sometimes be noted to increase as each period approaches, and to again subside after the menstrual flow begins. So, too, when amenorrhœa has existed for some time, I have noted a marked reduction in the size of the thyroid to attend the reappearance of the menses.

The *nervous symptoms* play an important part in the course of this disease. Those which are most marked are the extreme mobility and susceptibility of the nervous system. The patients become extremely irritable and frequently capricious or perverse: sometimes, as in Case II., they are excessively and ludicrously lachrymose, or they present fits of hysterical excitement, alternating with brooding depression of spirits. These conditions are always aggravated by fatigue or excitement. Vertigo and pains in the head are both occasionally complained of; the former was a marked symptom in no less than nineteen out of thirty-eight cases. Allusion has already been made to the subjective sounds, which are similar to

those experienced by other anæmic patients, and are frequently observed in this disease. In some cases, excessive sensations of heat of the surface of the body are complained of, so that the patient can with difficulty bear even light clothing by day or by night. Another symptom, which may be referred to the influence of the vasomotor nervous system, is the occurrence of profuse and sometimes irregularly distributed sweating of the surface, with or without flushing.

It seems to me that uterine disease of certain sorts probably occupies a similar relation in some cases.

Among the most interesting and remarkable symptoms connected with the processes of nutrition and assimilation, is the rapid variation in weight presented by some patients with this affection, when accompanied with chronic gastro-intestinal catarrh. Russell (*Medical Times and Gazette*, September 2, 1876, p. 251) alludes briefly to this peculiarity; but it is better illustrated by my Cases II. and III., to which the reader is referred.

The hemorrhages and dropsies, which are of frequent occurrence, are usually due to a watery state of the blood. Epistaxis is the most frequent form of hemorrhage; in Case III. it was of such rapid recurrence and large extent as to constitute a source of danger. Œdema of the feet is the usual form in which dropsy appears, here as in other anæmic states. It is only when the power of the heart has failed from fatty degeneration or dilatation, and when the alterations of the blood have become very marked, that general anasarca or internal serous effusions are observed. The urine very rarely contains albumen.

The prognosis is, as a rule, favorable, unless dilatation of the heart with or without degeneration of its muscle, has supervened. In the latter case, the existence of marked dyspnœa, of pulmonary congestion, of general venous stasis, or of extensive dropsical effusions, would be apt to usher in the fatal stage. Repeated hemorrhages, extreme anæmia, rapid loss of flesh, intractable diarrhea, or jaundice, are also grave symptoms as indicating extreme depravation of blood and interference with important functions, but still they are by no means necessarily of fatal omen, and the cases here given may serve as illustrations of the extent to which they may be present and yet a favorable result be secured.

The prognosis must, however, be very guarded as to the probable duration of the symptoms. Under any curative treatment, the affection is apt to be prolonged for many months; and it is only when we can succeed in detecting and removing all predisposing or exciting causes that may aid in maintaining it, and in placing the patient under the most favorable hygienic conditions, that a more rapid cure can be effected. Even after the subsidence of the exophthalmos and of the thyroid swelling, and when the general symptoms are greatly improved, the rapid action of the heart, with tendency to attacks of palpitation on small provocation, is apt to continue for an indefinite time.

Treatment.—There are, indeed, certain remedies which would appear to be almost always indicated, because the conditions they are designed to remove are constantly present. Among these is digitalis, which is the most appropriate and useful remedy for the disturbance of cardiac action observed in this affection. This drug may, therefore, be used with advantage in most cases; but there are a few points of caution that may merit mention. Occasionally digitalis disagrees positively with the stomach, whether given in pill, tincture or infusion; and, by the increased gastric irritation produced, really aids in maintaining sympathetic palpitation of the heart. This remark applies to the treatment of exophthalmic goitre as well as of all forms of palpitation. Digitalin will occasionally do better than digitalis in such cases; but bromide of potassium with belladonna, or with small doses of aconite, will perhaps act more favorably.

Ergot has been recommended in the treatment of exophthalmic goitre on account of its power of causing contraction of involuntary muscular fiber, and thus of favoring reduction of the caliber of the dilated vessels. In a number of cases in which it was given, I have certainly seen a favorable change occur in the symptoms; though, as the ergot was not the only remedial agent employed, I can not say how much of such result was due to its action. It is open to the objection of being apt to lessen appetite and disorder the stomach if long continued.

If digestive derangements exist, all other treatment must be suspended until they are rectified. A careful restricted diet—if necessary, limited to milk, buttermilk,

soups, broths and light farinacea—must be insisted on in such cases, especially if chronic intestinal catarrh with diarrhea exists. If evidences exist of congestion of the liver, an occasional gentle mercurial, followed by a mild saline laxative, may be called for.

If, conjoined with weakness of digestion, there exists general nervous debility, and marked over-action of the heart, I should strongly advise almost complete rest in bed, associated with gentle massage, and mild and pleasant diversion of the mind. The neurasthenia, the anæmia, the increasing failure in heart power, call for prompt and thoroughgoing treatment; and, without the advantage of such a restorative basis of treatment as the above, remedies will produce but little good. In cases of less severity, attended with marked nervous symptoms, but with less debility, gentle traveling or change of scene will prove valuable.

Careful attention should be paid to the complete cure of any local irritation coexisting. Such irritation is chiefly liable to be found in connection with the gastro-intestinal or the uterine mucous membrane. In the latter case, suitable local or general treatment should be instituted. In the former, when a chronic catarrhal state of mucous membrane exists, I would recommend, in combination with careful diet, the use of nitrate of silver. I believe that this remedy, while exerting the very best local action, is at the same time a nervous tonic and antispasmodic of great value.

Vegetable tonics, especially quinia and strychnia, will be found of much benefit in many cases from time to time.

Galvanization of the cervical sympathetic has been recommended, apparently on theoretical grounds, and I am not aware of any reliable clinical evidence in its favor, though I should, *a priori*, expect it to be of service.

The enlargement of the thyroid gland requires no special attention or treatment. It fluctuates with the changes in the severity of the other symptoms, and subsides, finally, as they are permanently relieved. Those modes of treatment, especially the use of interstitial injections of iodine or of other substances, which are of so much value in true bronchocele, are not to be recommended in this disease.

When the protrusion of the eyeballs is extreme, a light bandage may have to be worn to prevent irritation of the conjunctivæ. Von Graefe even recommended that, in extreme and threatening cases, the opening of the eyelids might be diminished by a surgical operation.

SELECTIONS.

Dr. Tanner and the Effects of Starvation on the Blood.

BY W. H. ROUSE, M. D., P. C., DETROIT.

THERE are reports of many cases of prolonged fasting on record. Some of these have been endured from necessity, some from a morbid desire of notoriety, and others from religious convictions. The absolute length of time a person may live without food has not, and, possibly, never will be definitely determined, as other factors than food are important elements in the continuance of life. Prominent among these are the constitution and physical state of the individual. Persons without food, and with very little prospects of obtaining any, as in cases of shipwreck, would succumb much sooner than they would under a voluntary fast, which might be terminated at the pleasure of the individual. So, also, in certain states of the mind the functions of the body seem comparatively inactive, and waste is reduced to the minimum. A prolonged voluntary fast, such as Dr. Tanner has endured, is, therefore, not devoid of interest.

Dr. Tanner is an Englishman, forty-nine years of age, five feet six inches in height, and weighed, at the commencement of his forty days' fast, 157½ pounds. He has a bilious nervous temperament, and a rather genial disposition, but during his prolonged abstinence, exhibited, at times, as might have been expected, some irritability of temper.

During this fast Dr. Tanner took but moderate active exercise, but usually rode, morning and evening, in Central Park, about ten miles daily. Though not reading himself he caused the papers to be read to him.

For a number of days during the first part of the fast he drank nothing, but found it advisable to drink water

in small quantities, large draughts inducing nausea. Ab-lutions several times a day received careful attention.

The urine varied in Sp. Grav. from 1.004 to 1.030, and contained considerable quantities of phosphate of lime and of urea.

The bowels were constipated. On a previous occasion he went forty-seven days without alvine dejections. Regurgitation of bile was quite common, and nausea and flatulence rather troublesome—gas escaping both ways with marked relief.

At the close of the fast a portion of blood was taken from the doctor's hand and carefully examined microscopically by P. H. Vander Weyde, Professor of Microscopic Pathology in the Woman's Medical College of New York. The examination was made before the blood had time to evaporate, as it is well known that the red corpuscles become markedly changed in appearance, not only by chemical reagents, but also by loss of water.

The plasma and white globules exhibited no especial features worthy of note, but the red corpuscles were markedly changed from their usual appearance and relative proportions. The red corpuscles were small—about $\frac{1}{5000}$ of an inch instead of $\frac{1}{4000}$ to $\frac{1}{3000}$ of an inch in diameter as in normal human blood—and bore considerable resemblance to bodies seen in blood that has been evaporated. They were very irregular and shriveled, their rough appearance being caused by points projecting from their surface which looked like fungoid growths developed at the expense of the corpuscles. The smallest were most irregular, and some of these appeared to be disintegrating.

The relative proportion of red and white corpuscles was also changed. In normal blood the proportion varies considerably, but is usually between 200 and 400 red to one of white. In Dr. Tanner's blood the white was estimated at one to 100 of the red.

From these observations it would appear that the red corpuscles of Dr. Tanner's blood were rapidly disintegrating, whether from the fungoid spores or not, and must soon end in the death of the individual. The biliousness of the doctor toward the close of the fast is corroborative of this view.

In twenty-four hours after the fast Dr. Tanner's blood

contained many red corpuscles of normal appearance, and the doctor himself exhibited remarkable recuperative powers.

Hydatids of Right Lung ; Obstinate Dry Cough ; Formation of White Fibrinous Clot in Heart ; Death.

J. M. S——, a Swede, male, aged fifty-three, a gold miner, was admitted December 4, 1878. On admission he complained chiefly of internal hemorrhoids, which bled a good deal. He was a fair-complexioned man, of highly nervous temperament, had led a solitary life, being what is called among miners a "halter;" that is, working by himself. He had been very unfortunate, and was very silent and reserved. He complained of a troublesome cough. An examination of the chest was carefully made, and repeated daily after admission for some time. Nothing could be detected except a small patch, somewhat dull, situated posteriorly on the right side, just below the spine of the scapula. The patch was of an oval shape, and not larger than the longitudinal section of a walnut. Breathing was coarser over this spot, and local resonance was slightly increased. The uvula was elongated, and as it was thought that this might have something to do with the cough, a gargle of capsicum and tannin was ordered, together with some compound tincture of camphor and sulphuric acid.

On December 9, the cough being still troublesome, a small blister was applied to the right side. On the 12th the cough was still troublesome. Sputa very slight, but just tinged with blood. Ordered four ounces of wine daily, twenty minims of tincture of belladonna thrice daily, and to continue the gargle. On the 16th the cough was as bad as ever, and disturbed the other patients. There was no change in the lung. It was found that when his attention was drawn off the cough ceased for a time. On December 22, the dullness had extended greatly ; there was no notable hæmoptysis, but the sputa were white, and occasionally tinged. On the 28th considerable hæmoptysis occurred, and the dullness was rapidly increasing. From this time until his death various remedies were tried to allay the cough, but all of them afforded only temporary relief. He had porter, milk, cod-liver oil,

and good meat diet, but still he continued to grow weaker and thinner. On January 20, the breath had an extremely offensive odor, suggesting gangrene of the lung. The right chest measured one inch more than the left in line of nipples. There was considerable œdema in the right lumbar region; none in the left. On the 23d there was dullness with complete absence of respiratory murmur over the right chest posteriorly from the spine of scapula. The dullness was bounded by the posterior wall of axilla. Fœtor of breath persisted.

Though the man was obviously growing weaker, there was nothing to indicate any immediate danger, or to require any particular watchfulness at night. On the night of the 25th he was seen by the surgeon-superintendent as usual. On the morning of the 26th he was found sitting up in his usual posture, quite dead. One of the patients in an adjoining ward had heard him coughing until about one A. M., but no sound was made that led him to suspect anything extraordinary.

Necropsy.—A hydatid cyst was found occupying the lower half of the right lung. The walls of the cyst were, in part, gangrenous. The contents were a number of hydatids and foul-smelling pus, mixed with fluid. The liver was healthy. The right auricle and ventricle were filled up with white fibrinous clots. Nothing else noteworthy was observed.

Remarks.—Although the symptoms on admission were ambiguous, and the physical signs obscure, yet the persistency of the cough, coupled with the existence of a small but well-defined patch of dullness in the posterior part of the right lung, just below the spine of the scapula, suggested a hydatid tumor. For some time it was doubtful whether it might be that or a nodule of cancer, or, possibly, lobular pneumonia undergoing caseous degeneration, but the comparative rarity of either of these two diseases, and the frequency of hydatids, rendered the hypothesis of hydatid disease the more probable. In view of the increased dullness, the hæmoptysis, the fetid breath, without any of the physical signs of a cavity, or of pneumothorax, the diagnosis was rendered all but certain. Dr. Bakewell was about to aspirate the dull part of the chest, to remove the fluid, and had determined to do so on the very day the patient died. Fortunately the operation was not performed.

A third case of hydatids of the lung and liver was admitted in a moribund state, but as the friends would not allow a *post-mortem*, it is not worth while to record the symptoms.

The Blood in Febrile States.

M. HAYEM, who has added so much to our knowledge of various morbid states of the blood, has lately published some observations on the minute alterations in the mode of formation of the coagulum in various febrile states. When the blood is spread out in a thin layer under the microscope, the corpuscles are seen to assume a special arrangement. The irregular spaces which the rouleaux leave are larger and less numerous than under normal conditions. If, after coagulation, an attempt is made to separate the elements, it is found that the corpuscles are united by extremely fine filaments of fibrine, which cause them to assume very irregular shapes; they present, also, an abnormal viscosity when compressed by the surrounding fibrine. Other changes which the blood presents can not be, with certainty, ascribed to the inflammatory processes. Even when the pyrexia is high there is no alteration in the dimensions of the red corpuscles. The increase in the number of leucocytes affects equally all forms of pale corpuscles, their mutual proportion being about the same as in normal blood. Nor do these present any structural alterations; their amœboid movements are the same as in health, except that they are somewhat interfered with by the filaments of fibrine which adhere to them. Many "hæmatoblasts" occupy the empty spaces, and, like the red corpuscles, they become more viscous and adherent one to another, and hence quickly form masses, notably larger than those seen in normal blood. Very soon a reticulum appears, considerably denser than in other circumstances, the constituent filaments being thicker and closer than those of normal blood. During this formation, the hæmatoblasts have fused together into little blocks of waxy aspect, to which large numbers of fibrils are attached, giving them a characteristic appearance of balls of spines. The excess of fibrine in the blood gives rise to another appearance if the blood is diluted with the liquid used in the ordinary numeration of the

corpuscles; minute solid particles become visible to the naked eye in the mixture, an appearance never seen with normal blood. These particles are composed of hæmatoblasts, surrounded by a finely granular or fibrillar substance, to which many leucocytes and red corpuscles adhere. These changes in the blood may be found, although in a less marked degree, in cases of chronic, as well as in acute, inflammation.—*Lancet*.

On the Curability of Acute Phthisis (Galloping Consumption).

By the term acute phthisis, the author meant an acute pulmonary affection, accompanied by high and continuous fever, running a rapid course, and leading invariably to more or less destruction of lung-tissue, if the patient survived long enough. He recognized three varieties of the disease: 1. Acute pulmonary tuberculosis; 2. Acute pneumonic phthisis; 3. Acute pneumonic phthisis complicated secondarily with the development of gray miliary tubercles. He thought it impossible to distinguish the second from the third variety during life; but that the first might be suspected when the disease set in suddenly with high fever, great prostration, profuse perspiration, lividity and great acceleration of breathing, and when these symptoms were *out of all proportion to the results obtained from a physical examination of the chest*. Having given extracts from the writings of Walshe, Trousseau, and others, showing that the profession was very hopeless as to such cases, he pointed out that, in a good many cases, he had obtained excellent results from treatment, of which the following was an outline: 1. Careful skilled nursing, with constant feeding, and stimulants in small quantities often (from 4 ozs. to 10 ozs. daily); 2. Each night a subcutaneous injection of 1-100th to 1-60th of a grain of atropin; 3. Remedies specially adapted to the removal of fever: (*a*) ice-cloths to the abdomen; (*b*) quinine, 10 to 30 grains, in a single dose, once daily; (*c*) a pill, composed of one grain of quinine, half a grain of digitalis, and from a quarter to three-quarters of a grain of opium, every four hours. In addition to this, special symptoms—diarrhea, constipation and the like—must be treated on ordinary principles;

and, of course, the treatment indicated must not be used in a mere routine way, but adapted to the surroundings of each individual case. He concluded by referring to illustrative cases.

Dr. Totherick said that, like many others, he had tried Dr. Anderson's method as soon as it was published, having previously been accustomed to rely on large doses of the tincture of the perchloride of iron. In one remarkable case under his treatment, the febrile action was so marked that he had thought of transferring it to the fever-wards; but during the treatment there was a decided catarrhal sound at the back of the left lung, and eventually the base of the right lung broke up into a large cavity, with profuse expectoration. Although the case ran a very acute course, the disease was apparently arrested while under treatment by perchloride of iron. In another case, a young girl, fifteen years of age, was brought into hospital suffering from an intense fever, with temperature sometimes of 105° , without a symptom of lung disease or head disease. The case was diagnosed as one that might turn out to be acute miliary tuberculosis. Dr. Anderson's treatment was adopted. Sometimes the temperature went down, and sometimes up. The lungs were anxiously auscultated twice a day; occasionally there were slight symptoms of catarrh and slight headache, and once there was slight strabismus. The treatment went on for weeks, and then the patient left. She was now an out-patient; her temperature was often very high, as much as 103° in the morning, and yet she did not decrease in weight, although she was taking nothing but a little cod-liver oil. He could not say that the evidence was sufficient to show that the case was one of acute tuberculosis. Dr. Anderson's treatment was certainly not scientific; it must be considered as purely empirical—not that it ought to be objected to on that account if it were successful. In acute cases the atropin might be useful for night-sweats; but, as far as his experience went, there was no expectoration whatever, and not often any diarrhea. He had noticed some cases of diarrhea in which the opium was advantageous, but, generally speaking, there was not any expectoration. In fact, the patient often died before expectoration became developed. With regard to the temperature, he had always found that it could be controlled by the salicylate

of soda more successfully than by quinine and digitalis, unless the quinine were given in such large doses as to derange the system and destroy the appetite.

Dr. McCall Anderson, in reply, said that he did not contend that the treatment that he had suggested would prevent a subsequent attack. He had only spoken of the curability of an existing attack. To prevent other attacks, it would be desirable to resort to a sea-voyage, or some other means of improving the general health. He thought there was a great tendency on the part of many members of the profession to ignore too much the high temperature in cases of acute diseases, and that many patients were killed rather by the fever than by the disease which produced it. The case mentioned by Dr. Totherick might, perhaps, be one of those extraordinary cases of hysteria associated with high temperature that sometimes occurred. With regard to diarrhea, his experience was, that it was a common, though not invariable, symptom. In carrying out the opium treatment, constipation sometimes became very obstinate, so that it was necessary to diminish or suspend the opium for a day or two. He agreed that, in the majority of cases in acute phthisis, there was not much expectoration; in fact, no expectoration whatever. He could not agree that salicylate of soda would control the temperature. In cases of rheumatic fever, such remedies might be of the greatest use. Generally, when the pain was removed, the fever subsided. A remarkable case had occurred in the wards of his colleague Dr. Gardner, in which rheumatic fever was treated by salicin, and the pains almost immediately subsided; but the temperature, instead of going down, went up; ice-cloths were then used in the way he had recommended, and almost immediately the temperature came down. The paper he had read was meant to be a protest against the very general opinion that acute phthisis was incurable, and that tubercle must necessarily prove fatal. Though it was a very dangerous complication, he believed it was not necessarily incurable.—*Dr. McCall Anderson, in British Medical Journal.*

On the Treatment of Bright's Disease, with Special Reference to the Use of Diuretics.

BY W. T. GAIRDNER, M. D., GLASGOW.

DR. GAIRDNER said that the present communication was to be viewed simply as an abstract, the historical and other details on which it was founded being about to be published in the *Glasgow Medical Journal* for September. Dr. Gairdner had been long of opinion, as the result of more than twenty-five years of hospital experience, that the English practice in Bright's disease, and especially in acute and sub-acute cases, had been too much founded on the conception that the kidney, like an inflamed organ, must have, as nearly as might be, entire physiological rest; and hence that diuretics were to be avoided, even at the risk of their requiring to be replaced by more perturbatory practice. Dr. Gairdner did not hold that diuretic treatment was alone sufficient, or even in all cases expedient; but he held that the mere abstinence from diuretic treatment, or the doctrine that such practice was to be regarded with suspicion in the cases in which the simpler saline diuretics could be brought to act, was opposed to the teaching of experience. In the London schools, in particular, the teaching adopted for many years was that the occurrence of active diuresis, under remedies especially adapted to that end, was to be avoided, and that it was better practice, in most cases, and especially in acute and sub-acute cases, to aim at purging the bowels continuously by the strongest and most irritating cathartics, than to give scope to the kidneys to respond gradually and gently to such remedies as cream of tartar, potash salts and digitalis. The position here referred to had been modified of late years by the admission: 1. That spontaneous diuresis often, if not invariably, occurred in such cases as a kind of crisis, or as the first step in the cure; 2. That (as Dr. Dickinson, in particular, had emphatically taught) the copious imbibition of "clear spring water," in quantities such as to make it particularly one of the most active of diuretics, tended to the relief, rather than to the obstruction, of the kidney in its physiological work; in other words, that flushing of the obstructed tubuli uriniferi, and general

furtherance of the true physiological activity of the kidney, tended (as Dr. Christison long ago showed) to the diminution of its pathological disturbance of functions as indicated by albuminuria, deficient excretion of urea, and dropsy. Dr. Gairdner regarded it as in accordance with clinical experience, apart from the theory that, whenever the simpler diuretics would act at all in such cases as were usually treated by means of elimination, their action should be furthered and encouraged, in preference to other modes of elimination. While he did not at all discountenance the use of purgatives on the one hand, or of diaphoretics on the other, in cases in which they were specially indicated, or in which diuretics could not be brought to act, he was always disposed to make such simple diuretic practice as was indicated above the keystone of the treatment, and to consider it as more in accordance with nature, and with the spontaneous tendency to crisis above mentioned, than the use of the stronger drastic purgatives, or even of medicinal diaphoretics, or the too repeated and somewhat enervating use of warm baths, or of air and vapors at a very high temperature. The exclusively diaphoretic practice of Dr. Osborne, of Dublin, seemed to have been tried and found wanting, and in a measure laid aside, until recently revived in another form in Germany, particularly by Bartels, whose admirable articles in Ziemssen's Cyclopædia would probably give rise to new elaborate trials of Turkish and vapor baths. Dr. Gairdner had often employed these with benefit; but he thought that these benefits would be exaggerated, if they were so employed as to shut out diuretics, or to divert habitually all the available liquids of the body for long periods together to one emunctory, and to so starve the supply of liquids to the kidney. In a few cases of great obstinacy, however, a certain amount of temporary benefit appeared to result from the hypodermic employment of pilocarpin in doses of one-eighth to one-fourth of a grain every second day. The limits of expediency in the use of such perturbative and medicinal diaphoresis had, however, to be determined by careful further researches. The same remark applied, in Dr. Gairdner's opinion, to blood-letting, which, at one time a frequent and even a very favorite remedy in the acute and sub-acute cases, had in later years almost gone out of date, but which had been yet more

recently revived by several observers and practitioners of good standing.

In conclusion, Dr. Gairdner said: "Finally—and to put into a single sentence the main object of this paper—I by no means claim to have discussed at all completely the treatment of Bright's disease; nor have I even alluded to several remedies—*e. g.*, gallic acid, benzoic acid, fuchsin—of which I have made personal trials with various results. But I hope to have shown, once for all, that in almost all stages of the disease there has been an undue tendency to depreciate or exclude diuretic remedies; and that these, judiciously employed, without pretending to an absolute supremacy, are at once the safest, and, in many cases, the most effectual, means of dealing with the dropsical symptoms; while, as Dr. Christison has pointed out, their legitimate function is not merely to get rid of a single symptom, but, by aiding the natural process of excretion by the kidneys, to ward off the dangerous accumulations in the blood which lead in time to what is called uremia. To restore by remedies this natural function, we must needs employ, in any case, methods of elimination that are more or less closely allied in their action to the physiological processes which it is desired to arouse and quicken; and hence, as I venture still to be of opinion, the experience of ages, here, quite in accordance with a sound theory, has practically demonstrated the advantage of the use in such cases of the cream of tartar, in its solid as well as liquid forms of administration, followed or accompanied by other mild diuretics or by digitalis—a mode of practice extending back, as we have seen, to the last century, if not to much earlier periods, and only apparently discredited by prejudices arising from the pathological researches of Bright. My argument in this paper is, that the principle of this practice, or the practice itself, ought to be carefully preserved, or restored again more generally and more systematically, in the treatment of this disease. As to the employment of tonics, nutrients, chalybeates, and other hematics, in the later stages, there is practically an universal consensus of opinion."—*British Medical Journal*.

Infant Psychology.

[WE learn that a Dr. W. L. Lindsay has recently put forth a work on "Mind in the Lower Animals," of about a thousand pages. This is the first work of the kind we have ever heard of, and, as a writer says, gives evidence that we may have at no distant day a comparative psychology. The field is a large one, in which there has been scarcely any workers at all. But we are beginning to have published some observations pertaining to infant psychology. In an exchange we find some data as regards infant development, which we present our readers. —ED. NEWS.]

But perhaps the most fruitful field for psychological investigation is that of infants and children. A recent writer in a contemporary review, commenting on this, says: "The psychological analysis of a single child is worth more than a whole menagerie; he who knows well the mind of a little boy or girl is already an expert in psychology." This is a field, however, which has been least of all investigated, though so close at hand that every parent can be something of a psychologist if he choose. Some indication of what a little careful observation can bring out is found in an article which has recently appeared from the pen of Prof. W. Preyer, of Jena. We propose to give a few of the observations which he has made. If the facts are not all new, the professor's method of studying babies will, at least, prove novel to many.

This study must begin, he says, with the observation of the movements and sensations of the child; we must then note the development of the different senses, the formation of speech, and the effect of all these things in awakening the intelligence of the child. Movements begin first; they occur *in utero*; they are not reflex from peripheral sensations, but are the evidence of a superfluous nervous and muscular energy.

The first manifestation of voluntary motion occurs when the infant begins to hold up its head. Attempts to do this were noticed in the fourteenth week, and after four months the head was kept well balanced. Next after the head, the upper part of the body was balanced; and the full power to sit up was acquired at the tenth month.

Ability to stand was, in the cases studied by Prof. Preyer, gained suddenly at the end of the first year. The

movement of grasping sometimes takes place at a bound. A pencil is grasped mechanically, when put in the hand, in the first quarter-year, but the action is wholly reflex. The first voluntary attempt to take hold of an object was observed in the seventeenth week. This first grasping was at once followed by many others of similar character. The child does not show self-consciousness, a knowledge of itself as an independent person, until after the fifth quarter-year.

The sensibility of the skin of a new-born child is very low. We may stick needles into its nose, lips or hands, without its giving any sign of discomfort. The eyes of new-born children close, when they are touched, more slowly than at a later period, and they do not close at all when wet in the bath. An increase of sensibility may be noticed in one or two days after birth. Prof. Kussmaul has shown that all new-born children can distinguish strong tastes. Taste, indeed, seems to be the first sense after that of sight, which affords clear perceptions to the baby. It is the first which gives occasion for the exercise of the faculties of memory and judgment. Infants distinguish odors very early, but to what extent has not been ascertained. Some animals born blind are guided to their food—the mother's milk—by this sense. Some odors, as tobacco-smoke, have been found unpleasant to young animals; others, as that of camphor, agreeable.

All infants are deaf at birth because the outer ear is as yet closed, and there is no air in the middle ear. A response to a strong sound is observed, at the earliest, in six hours, but often, not for a day or two. The awakening of the sense may be observed by the irregular muscular movements and blinking which a loud noise occasions. No other organ contributes so much as the ear to the intellectual development of the child. This is shown by the intellectual backwardness of those born deaf compared with those born blind. The sense of hearing becomes early developed, so that the child soon distinguishes the different tones of those about him.

Light is at first unpleasant, and the infant shuts his eyes when brought to it. Brightness and darkness can alone be distinguished. The motions of the eyes are wholly unregulated. There is no real symmetry of movement before the first six days. The first perceptions are those of light. The child turns his head to the window

within the first week. It is three weeks, however, before the eyes will follow a light that is moved before it.

The stupid expression on the child's face does not leave it until the second quarter-year. The face then begins to grow more human and spirited as the power is gained of regarding objects with a steady, independent look. The faculty of accommodation is then developing. The power to distinguish colors follows that of intelligent attention. Children all prefer light and bright colors. But they can rarely distinguish them by name before the beginning of the third year.

The recognition of form, size and distance comes on slowly. It must be helped by the sense of touch. In the third year children will show ignorance of size, and inappreciation of distance. In the first month no notice is taken of the swiftest approach of a person's hand to the mouth, and the act of blinking, which is evidently acquired, does not take place till the third month.

The study of the growth of the faculty of speech has been pursued by Prof. Preyer with especial industry. He has set down upon paper every expression and sound that could be represented in writing, uttered by a child during its first two years. He informs us that at first only the vowels are heard. Even in the first five weeks, however, these sounds are so diversified as to express many different feelings of the child. Thus, according to Prof. Preyer, the periodically broken cry, with knit eyes, denotes hunger; the continuous whine, cold; the high, penetrating tone expresses pain. Prof. Preyer heard the consonant *m* during the seventh week; in the seventh month the consonants *m*, *b*, *d*, *n*, *v*, and rarely *g*, *h* and *k* were distinguished. Very imperfect imitations of sounds were heard in the sixth month, and at this time voices began to be distinguished by the child. Great progress is made in the imitation of sounds after the third half-year, and the powers of articulation become well developed by the fourth half-year.

These are some of the observations that are given us. Very many of the professor's statements are based on but few observations, and it is very evident that there is a wide field for further study, and much that can be learned which will be of value in the education of children as well as to pure psychology. It might be in the interests of science to commend matrimony to young men ambitious of psychological study.

The Treatment of Compound Fracture with Compound Tincture of Benzoin.

BY FERGUS M. BROWN, L. R. C. P., EDINBURGH.

SOME time ago I read a communication on the treatment of the external wound in cases of compound fracture by the tincture of benzoin, and I resolved to try it when I had the opportunity.

On the 27th of August, 1878, I was sent for to see Mrs. R—, a widow, who had broken her leg. As I was four miles from home, in an opposite direction, and her residence was five miles from my house, I had to drive a distance of nine miles. I found her lying on the bed, the right tibia being pushed through the skin, about an inch protruding. I sent for the nearest medical man, but he was out; so I gave chloroform myself, and before I could reduce the fracture it was necessary either to enlarge the wound or saw off the projecting piece of bone. I first enlarged the wound, but being still unable to bring the ends into apposition, I was compelled to use the saw. Next I put it up in an inside and outside splint, bound with three straps made of girth-web and buckles. The leg was then laid on its outside, and the wound simply covered with a few folds of lint, steeped in compound tincture of benzoin. From time to time I had to desist during the operation for the purpose of giving another whiff of chloroform. There was no assistance save that of an ignorant female farm-servant, but my patient kept up well, though her age (sixty-eight) was against her. She had sustained the injury by falling from an apple-tree, where she had been gathering the fruit. Next day the leg felt perfectly comfortable, and after the first five days I saw her only about every third day. I did not move the splints or lints until October 12, on which day I put on a strong starch bandage. The following day, with the help of a crutch, she came down stairs. My last three visits were on December 1, 10 and 31; and now, with a high-heeled boot, she walks about, and attends to her house-keeping and farming as she did before the accident. There never was the least unfavorable symptom, nor was there a drop of pus.

My next case was that of a working timber merchant,

Mr. L——, aged fifty, almost a total abstainer, who, in superintending the removal of a large tree, was struck by the small and free end swinging round, the horses being attached to the large end. Both bones of the leg were smashed into pieces. There was, however, but a small external wound about the middle of the fibula. I put the leg up in the same way as in the last case. Next morning the whole leg, from the knee to the ankle, was one enormous blister; this I pricked, and covered the whole surface with lint soaked in tincture of benzoin. From the day I first saw him, April 7, 1879, until he was out attending to his business, in a starch bandage by the 1st of July, he had not a single bad symptom. I should add he was the most patient man I ever saw; always took things in an easy way. He had a peculiarity I have not seen or heard of before; did he at any time eat an egg he was certain to have an action of the bowels within ten minutes.

I have not attempted to go more minutely into these cases, as there is nothing important in them; but occasionally country practitioners are at a loss for some remedy for wounds which will obviate the necessity of going every day long distances to dress trifling injuries.—*Lancet*.

The Treatment of Consumption.

IN a paper on the treatment of pulmonary consumption, Prof. Peter, of Paris, insists strongly on the value of hydrotherapy. He begins with frictions with dry flannel, then passes to rubbing with cloths dipped in aromatic alcohol, cologne water, or vinegar, followed by dry friction for five or six minutes, and, finally, advances to the use of the cold sponge. The process is repeated twice daily, immediately after rising and before retiring. He believes sponging to be better than the douche, because it is more easily carried out. The chief points to be observed are, to accustom the patient gradually to the use of cold water, and not to prolong the bath too much at first. Prof. Peter divides the sweats of phthisis into three classes, according to their cause, viz.: ordinary night-sweats, which depend not so much on the pulmonary trouble as on the general condition and the tubercular fever, the sweating which follows high evenings exacerbations of the fever, and colliquative sweats. To control the first, he

recommends especially sponging with vinegar, combined with the usual internal remedies, such as acetate of lead, tannin, etc. Atropine, he considers unreliable. Quinine is useful for the second form, because it controls the fever. For the colliquative sweats, there is no remedy. For the cough, he gives opium and belladonna in small doses; he orders pills containing one-sixth of a grain of opium, and one-twelfth of a grain of ext. belladonna, and gives, at first, one at a dose, increasing afterward if necessary. When the cough causes vomiting, he gives one or two drops of tincture of opium before meals, with good effects. When the vomiting seems to be due more to dyspepsia than to the cough, he gives a few drops of hydrochloric acid after the meals. In such cases, alcohol in some form is also useful, but it must be given freely. For the diarrhea, when it is due to simple intestinal catarrh, as is usually the case at the outset of the disease, he employs subnitrate of bismuth, in connection with a carefully regulated diet. When it is due to the use of cod-liver oil, or to the milk or grape cure, the exciting cause must be discontinued, and the stomach, if overloaded, be emptied by an emetic. When it is due to inflammation of the stomach and intestines, he prescribes opium, nitrate of silver, perchloride of iron, etc., and employs also derivatives to the skin. For colliquative diarrhea there is no remedy. For controlling the expectorations, he has found the balsams, glycerine and kermes, to be the best remedies. For hæmoptysis, he recommends, in the first place, the use of emetics, and explains their action on the theory that they excite a reflex action through the sympathetic, which causes anæmia of the lungs, and controls the hemorrhage. When patients have been greatly reduced by the hæmoptysis, he has found quinine and ergotine useful.—*Alleg. med. Cent. Zeit.*, February 25, 1880.—*Med. Record.*

To Restore Motion in False Anchylosis.

THE simple plan of treatment which I have for years adopted, is as follows: Imagine the knee to be the affected joint, and the foot should rest on a stool or block of wood, just within a large shallow open bath, so that the knee is over nearly the center of the bath. A jug, holding about a pint of fluid, is filled with tepid water, and

is turned upside down about three feet above the knee, so that the water falls with a splash on the joint, and this is repeated from six to twelve times. An attendant, sitting in front of the patient, then plants a hand on each side of the knee, and, with the thumbs meeting in front, the hands should be moved firmly up and down for eight or ten minutes. The pressure used should be equal and well sustained, not causing any uneasiness, not in the least rough, but such a union of firmness and gentleness as a practical manipulator will easily understand. The thumbs, while agents of moderate pressure themselves, may be made the fulcra for pressing and rubbing the back of the joint. At the end of the shampooing process, the whole joint ought to be dry and warm, and to be immediately wrapped in a covering of oiled silk lined with wadding, which should be securely fastened and kept on for some hours.

By this easy plan, carried out regularly once or twice a day for several weeks, there is seldom any difficulty in restoring the torpid functions of non-ankylosed joints. Now and then it may be desirable to suspend the friction for two or three days, if the skin show signs of irritation; and in warm weather the impervious pad is scarcely necessary, and might cause an eruption of pustular ache. Medicated lotions or liniments are rarely prescribed, but now and then I introduce under the oiled skin wrap a piece of folded flannel, soaked in a mixture of tincture of iodine (half an ounce), glycerine (half an ounce) and soft water (seven ounces). The early douchings are best done with tepid water, but this should be exchanged for cold water as soon as possible, on account of the greater glow and reaction which are afterward obtained, and during the summer months, cold water may be used from the first. In all cases, the local treatment should be supplemented by regular passive movements, carefully and coaxingly executed, and never exciting pain and fatigue. Sometimes it is only timidity which hinders a patient from (say) pronating and supinating a hand, or flexing and extending an elbow; a group of muscles have to be taught anew. As the lower limbs bear the weight of the body, their voluntary exercise must be deferred until the patient regains confidence and acquires strength.—*Dr. Spender in British Medical Journal.*

Hyoscyamia.

THIS alkaloid of hyoscyamus, which can now readily be obtained in a state of purity, is a valuable addition made recently to the armamentarium of the physician, containing, as it does, in small and agreeable compass, the hypnotic, anodyne and antispasmodic properties of the bulky and disagreeable preparations of hyoscyamus. The pure alkaloid occurs in needle-shaped crystals, and is odorless. The taste is bitter. It is quite insoluble in cold water; easily soluble in hot water and alcohol, ether and chloroform. It has, in my experience, great value in the treatment of mania, delirium tremens and paralysis agitans. In the treatment of mania it is particularly useful, inasmuch as the dose is small, and its taste can readily be concealed with coffee, tea or milk, and therefore is readily administered to those patients who positively refuse all ordinary medication.

I have given the drug recently in three cases of puerperal mania, with the effect of promptly modifying the mentality to such an extent as to make possible the use of ordinary treatment. The preparation used was Merck's crystallized alkaloid, and the dose found effective much smaller than that recommended by recent writers—the one-thirtieth of a grain has been the ordinary dose employed. This dose has invariably produced mydriasis, and dryness of mouth and throat.

In the case of Mrs. B., suffering with puerperal mania, who was persistently refusing food and medicine, and at times quite violent in manner, the drug produced a marked change in mental condition. The violence gave place to calmness, and the desire for food returned. It did not, however, produce sleep, but advantage was taken of the pacification to administer, by rectum, a full dose (40 grains) of chloral hydrate, which was promptly followed by a long sleep, and marked improvement in mentality. In about twenty-four hours after this, there was evidence of the approach of another paroxysm of mania, which was arrested by the same method. The drug was then continued for several days, in doses just sufficient to produce a mild effect upon the pupil, the chloral injection given at bedtime, and an abundance of milk and other nutritious food administered. The patient made a good recovery.

CASE II.—Mrs. N., a case of puerperal mania, complicated with metro-peritonitis. She had for twenty-four hours refused all food and medicine, and was found to be in a state of wild excitement. She was ordered hyoscyamia, in one-thirtieth grain doses every four hours; and shortly after the third dose was administered, she was found to be perfectly passive in mind and body, and took food without difficulty. She then received a forty-grain rectal injection of chloral with forty minims of tinctura opii deodorata. This was followed by a profound sleep, from which she awoke with improvement in mental condition. The hyoscyamia was continued at longer intervals, and tinctura opii deodorata used by rectal injection, in sufficient doses to subdue the pain of the pelvic inflammation. The mania subsided, but death ensued in the fifth week after parturition.

CASE III.—Mrs. P., a mild case of puerperal mania without any pelvic complication, but like the other, refusing food and medicine. Hyoscyamia (1-30 grain) was administered in ice-water, and repeated in two hours in the same vehicle. In one hour after second dose, muscular relaxation and pacification of mind were manifest, and very soon a profound sleep followed. The patient was continued under the influence of the drug for two weeks, with a gradual subsidence of mental derangement, and a restoration of general health.

My experience with the drug in delirium tremens is confined to a single case, in which there was marked cardiac irregularity and dyspnœa—so much so that I was afraid to administer chloral or the bromides. I gave this patient hyoscyamia in combination with digitalis in coffee, in the same dose above indicated, and closely watched the effect on the pulse. From a study of the physiological action of the mydriatic, I felt confidence in it as a respiratory and cardiac stimulant. The first dose had no effect upon the mental condition, but did improve the respiration and circulation. A second dose was administered in one hour, and was shortly followed by a subsidence of the excessive mental and muscular activity. Sleep followed, and a continuance of the treatment, giving just enough hyoscyamia to show its effects in a positive manner upon pupil, with liberal use of milk, beef-tea and capsicum, resulted in restoration of patient, the result being

in every way more favorable than opium, chloral or the bromides have ever produced in my experience.

In one case of paralysis agitans, the drug has served to diminish the tremor, and seemingly to arrest the progress of the disease. This patient is now taking about one-fortieth of a grain daily. This amount produces the characteristic pasty condition of the mouth, dilation of the pupil, and paralysis of accommodation. The one-twenty-fourth of a grain produced in this patient severe pains and spasmodic movements of the lower extremities, followed by complete muscular relaxation, and the effect on the eyes and the locomotion continued for forty-eight hours. The tremor is controlled by the drug very markedly, but there has been no permanent improvement. When he omits the drug for two or three days, the disease shows itself with all its former intensity. The relief the remedy gives to the tremor without in any way disturbing the general system, except so far as the ocular phenomena are concerned, renders the drug exceedingly acceptable to him.—*Dr. Brower, in Chicago Medical Journal and Examiner.*

Peritonism.

If we pass from the biliary lithiasis to other abdominal affections, we will find other problems quite as interesting.

Who has not often demanded, in presence of a mortal peritonitis, why and how one died of a peritonitis? Assuredly it is not by a direct effect of the inflammation of the peritoneum, and of the immediate functional troubles that result from it. But underneath the peritoneum there are nervous filaments which emanate from the solar plexus. When the membrane is inflamed, the nerves are disturbed, if they are not also inflamed, and this disturbance follows an ascending course, from the filaments reaching the branches, and from the branches the trunks; the system of the great sympathetic receives a shock, and this shock overturns the organism. Thus the nervous troubles dominate over the morbid scene; super-excitation of the apparatus of sensibility; revolt of the motor apparatus, arrest of the peristaltic movements, from whence tympanites of the belly and constipation; development of the antiperistaltic movements, from whence bilious vom-

itings; participation of the vaso-motor apparatus in its whole extent in the morbid movement, whence chill, coldness of the extremities, retreat of the ocular globes, hindrance of respiration, accumulation of blood in the venous system, diminution of the arterial waves cast from the heart, drying up of the secretions, etc. Such is the very faithful *tableau d' ensemble* which M. Fabre traces of the peritonitic state, in which we see almost wholly nervous phenomena. It is clear that it is not the condition of the peritoneum itself which causes the disease, but really the great sympathetic, incited by the abundant nervous plexus which it sends into the mesentery.

Thus is found theoretically and logically justified the empiric use of opiates that almost all of the great practitioners have recommended against peritonism.

By the side of peritonism is placed the choleric form state, or algidity, analogous by the predominance of nervous perturbation, but differing in that the sensitive system is there less attacked and the alteration of the vaso-motor system more profound, whence the symptomatic differences which follow: absence of abdominal pain, more or less abundant gastro-intestinal evacuations.

This algidity presents itself with a character more general than peritonism; it is in some sort the common expression of grave abdominal affections reacting on the nervous system. We have seen above an example of it in the biliary lithiasis. It is one of the characters of epidemic cholera, and we frequently find it in the choleric form enteritis of young infants. In this condition we can not mistake the considerable role of the nervous system.—*Gaz. des Hop.*

Abortion through Sympathy.

It is well known to veterinarians that among cows abortion prevails apparently through sympathy, becoming epidemic in herds. The following case, reported by a writer in the *British Medical Journal*, looks as if the same thing may occasionally occur in the human species. He writes:

“Some days since I was hurriedly sent for to see a woman, wife of a small tradesman, who was said to be

violently flooding. On my arrival, to my surprise, I found *two* women in the one bed. The one for whom I was especially sent was said to be now easier, and free from flooding, but that the other (her sister) was very bad, her "womb having come down" suddenly, while looking after her sister. Upon examination I found a three months' fetus born, all but the head. I removed the child and placenta, which followed immediately, and turned to my other patient, and found that she, too, was miscarrying, and at about the same period of gestation."—*Medical and Surgical Reporter*.

GLEANINGS.

BY CHAS. A. L. REED, M. D., HAMILTON, OHIO.

THE CURE OF CANCER BY RADICAL OPERATIONS.—In the *Deutsche Zeitschrift für Chirurgie* (vol. xiii., pp. 134–166), Prof. Kocher, of Berne, publishes a report of twenty-nine operations for cancer. Five of these were partial pharyngotomies, fourteen were cases of excision of the tongue, and ten were cases of rectal excision. Four cases terminated fatally, three in consequence of septic processes, and one owing to accidental hemorrhage. Of the remaining twenty-five, nine may be looked upon as radically cured.

Kocher's method for the extirpation of the pharynx consists of a combination of the methods of Langenbeck and Gussenbauer. He favors extensive cutaneous incisions. Crico-tracheotomy is a necessary preliminary operation. In two cases Kocher secured an efficacious "tamponade" of the trachea, by introducing, during profound anæsthesia, a suitable carbolized sponge into the larynx. The incision which he practices is an angular one, and proportionate in its extent to the amount of glandular participation in the morbid growth. He begins his cut in the median line, or directly below the angle of the mouth at the maxillary margin, and extends it down to the hyoid bone, and thence backward to the anterior border of the sterno-mastoid muscle. From this point he again proceeds upward along the posterior border of the ramus of the inferior maxillary as high as the pinna of the ear, and downward as far as the larynx.

This flap is then turned back, and temporarily fastened by suture to the facial skin. Now the large vessels are found by preparation along the anterior border of the exposed sterno-mastoid; then he works his way to the great cornu of the hyoid bone, and along the anterior belly of the digastric muscle to the margin of the maxillary bone, and backward to the angle of the jaw. The lingual and facial arteries must be ligatured, of course. Now the larynx is filled with a tampon. After this, he finds his way through the mylo-hyoid muscle on the inner side of the maxilla to the mucous membrane, which is incised at this point. The finger can now be readily introduced into the mouth and pharynx, and the exact limits of the cancerous tumor ascertained. The operation is then continued along the hyoid bone, and proceeds thence to the tongue. The lateral and posterior pharyngeal walls are easily separated from below, whereas the soft palate can be reached from the buccal cavity. Antiseptic dressings are strictly enforced. The same Listerian rigidity is applied to the excision of the tongue and operations on the rectum. As a preparatory treatment for rectal operations, Kocher allows only fluid food for two weeks before an operation, and also insists on daily irrigations of the rectum during this time. The irrigations immediately preceding the operation are made with borated or solicylated water.—*Centralbl fur Chir.*, August 14, 1880.

TREATMENT OF NASAL POLYPI BY INJECTIONS OF CHLORIDE OF ZINC.—The parenchymatous injection of aqueous solutions of chloride of zinc has been successfully tried by Dr. Ingels (*Annales et bul. de la Soc. de Med. de Gand*, July, 1880) in cases of nasal and naso-pharyngeal polypi. After alluding to Dr. Barthelemy's recent experience in a case of this kind, the writer communicates his own observations, three in number. The first case related was that of a lady, sixty-six years of age, who had suffered for many years from the presence of a naso-pharyngeal polypus of the fibroid variety. The senses of taste and smell were quite abolished, and her respiration was embarrassed. Previous attempts at operative treatment had invariably been the occasion of alarming hemorrhage. A final examination, in consultation with a colleague, revealed a gangrenous patch upon the tumor, just behind the velum

palati. It was therefore determined to assist the process which nature had seemed to indicate, and for this purpose a saturated aqueous solution of chloride of zinc was injected, by means of a suitable hypodermic syringe. Similar injections were repeated at intervals of two weeks, and numerous eschars were thus formed. The detachment of these produced a palpable diminution in the size of the tumor. It was also attacked from the nasal openings, and here also good results were obtained. The second case passed from under Ingels' observation before definite results of the injections, only two in number, could be ascertained. This patient had complained of much pain after each injection, and it was probably owing to this circumstance that he failed to reappear. The last case, showing the most complete success, was that of a strong man, about thirty years old. This case, however, also demonstrated that these parenchymatous injections are by no means entirely harmless, for immediately after the introduction of the fluid, the man had a severe and prolonged attack of syncope. His complete recovery from all untoward symptoms only took place on the third day after the operation. A cyanotic patch, which had formed on his forehead, remained even some time longer than this. Dr. Ingels explains these manifestations by an assumption of extreme vascularity in the tumor, and by the direct entrance of the chloride of zinc solution into an engorged vessel. The blue spot on the forehead would thus be the result of impeded venous return, due to the presence of an obstructing clot.

BEEF TEA AND ITS VALUE.—Certain intro-chemists and intro physiologists, not being able to discover what were the nutrient elements in beef extract and beef tea, have of late years much decried those preparations. At most, they allowed them to be "condiments." Fortunately, common sense and clinical experience are gaining the day over the theoreticians, and we take pleasure in publishing the following details, contributed by Mr. Wilkinson, House Governor of St. Mary's Hospital, London, to the *British Medical Journal* :

The mode of preparing beef tea at St. Mary's Hospital is as follows: The meat is cut into small pieces, and placed, in the evening, in an earthenware vessel, with sufficient cold water to cover the meat; in this it is al-

lowed to remain all night. In the morning the meat is taken out, placed in other water, and boiled for several hours. The meat of the previous day is then passed through a mincing machine, and put into the cold liquor in which the meat was steeped the previous night, and upon this the boiling liquor from the day's beef tea is poured, and the whole well stirred, and it then forms the complete beef tea. The characteristics of good beef tea are, that all the nutritious elements of the beef should be made available; and, by the process carried out as above, this is effectually done, the albumen, fibrine and gelatine being all retained and taken by the patient. Moreover, by the above method, a much smaller quantity of meat is required than under the ordinary mode, and it would, consequently, not become a jelly if allowed to stand; but by adding a larger quantity of beef this result could, of course, be obtained. (This forms with us what is called beef jelly.) It should, however, be remarked that in very hot weather the beef tea can not be made in this manner, as it would become sour, from the length of time required for its preparation.

ANTISEPTIC MIDWIFERY.—Dr. Matthews Duncan, in a recent paper on this subject, presents many practical suggestions of value. Dr. Duncan says that by far the most frequent of the causes of puerperal deaths are pyæmia and septicæmia. Both these diseases involve or imply inflammatory processes, and both are essentially septic; and it is against them that antiseptic midwifery wages war, and in which he said it had already achieved great success. His remarks were confined to the local use of antiseptics. He pointed out that the healthy lochial discharge of some women approached in smell the odor of putrefaction, so that it was not always possible to discriminate them; but in all doubtful cases it is well to treat them as if putrefactive, in order to prevent such discharges from finding their way into the blood through uterine sinuses or lymphatics, setting up blood poisoning. The removal of all putrefying material is essential to the prophylaxis or arrest of septicæmia. All measures to this end should be promptly and thoroughly applied. They consist in irrigation with carbolized water; and where it is necessary to pass the hand or instrument into the womb, they should in all cases be smeared with the

ordinary carbolic acid and oil mixture. Dr. Duncan recommends an injection of the strength of one part in fifty, from one-half to a pint being used at a time. He recommends a double canula to secure free return of the injected material. The injection should be gently introduced through a tube from a point above the patient. The running out should be carefully watched, and the moment the outflow ceases the injection should be stopped. He opposes the leaving of the intra-uterine tube *in utero* with a view to drainage, for, if antiseptically plugged, it is a source of danger in itself. He also warns against too frequent daily injections.—*St. Louis Med. and Surg. Journal.*

ON PAPAINE.—The digestive ferment of *carica papaya* has received this name from Bouchut and Wurtz. The latter contribute to our knowledge of the drug in a communication to the *Repertoire de Pharmacie*. He finds that it possesses a composition of an albuminoid substance. When purified by the subacetate of lead, the following additional qualities were ascertained. It is freely soluble in water, dissolving in less than its own weight of that fluid, just like gum. When shaken, this fluid forms an abundant froth. Ordinary impure papaine, when dissolved in water, sometimes leaves an insoluble white residue. On boiling, the clear solution becomes turbid, but does not coagulate like albumen. When allowed to stand, it also becomes turbid, owing to the formation of low organisms. Hydrochloric acid causes an abundant precipitate, which redissolves in an excess of the acid. Nitric acid forms a precipitate of yellowish flakes, which likewise redissolves in an excess of acid. Ordinary phosphoric acid and acetic acid cause no precipitate; but the metaphosphoric acid does. Other reactions are given, which all tend to show the albuminoid nature of this substance.

Its action on albuminoid bodies is similar to that of the pancreatic ferment called trypsin. It rapidly dissolves large quantities of fibrin, even in fluids of neutral reaction. M. Wurtz has also been able to extract from the juice of *carica papaya* a saponifiable greasy substance, and a crystallizable nitrogenous principle, which remained undissolved in the fluid from which the impure papaine was precipitated.

EXTIRPATION OF A NASO-PHARYNGEAL POLYPUS BY THE PALATINE METHOD.—This case was communicated by Cruvelhier at the Societe de Chirurgie de Paris (*Bulletin et Memoires*, April 5, 1880). A young man, aged 17, had suffered for over two years from obstruction of, and frequent hemorrhage from, the right nostril. On examination, a tumor was found occluding the right nostril, and filling the posterior part of the nasal fossæ, where it could be felt by introducing the finger behind the soft palate. The palatine arch appeared convex. There was no deformity of the face, nor protrusion of the right eye, but there was some slight epiphora. The palate was divided in the middle line, exposing the polypus, which was then seized by the forceps and extracted. The hemorrhage was so excessive that the patient fainted. The polypus was very large, and presented two distinct lobes; one was attached to the pterygoid plate of the sphenoid, the other to the basilar process of the occipital bone, which was so eroded that it was feared the tumor had penetrated into the interior of the skull. The patient progressed steadily, and was discharged a month and a half afterward. The gap in the palate, which extended almost as far forward as the anterior palatine foramen, was closed about a year after the operation by Ferguson's method. Owing to the constant flow of mucus down the back of the throat, which had existed since the extraction of the tumor, the union did not take place by the first intention; but, by bringing the granulating surfaces as much into contact as possible, and filling up the gap that remained with the uvula, a restoration of the palate was finally accomplished.—*London Medical Record*, August 15, 1880.

QUININE PRODUCTION IN INDIA.—The *Pull Mall Gazette* says that the experiments begun ten or twelve years ago for naturalizing in certain parts of India the best varieties of the cinchona or Peruvian bark tree have been attended with the most remarkable success, and with beneficial effects still more remarkable (*British Med. Journal*). In the treatment of the fevers and other forms of disease endemic in India, the employment of quinine has always been a chief means of cure and of prevention. But the increasing demand had raised the cost of the imported drug to a point which rendered its use impossible to millions and tens of millions of the poor classes of India. Hence it occurred

to a few of the more enterprising spirits in the Indian Government that vigorous efforts should be made to acclimatize the cinchona-tree itself in certain districts of India and Ceylon. The experiments have been entirely successful, and there are now in various stages of growth probably millions of cinchona plants already yielding the Peruvian bark so plentifully and so perfectly that the price of quinine has fallen in Ceylon, and other parts, to about two rupees (three shillings and sixpence) the ounce, and to fifty cents the ounce for preparations of a diluted strength. There is the strongest possibility, amounting to certainty, that in six or seven years the Indian production of quinine will be so large, and the price so low, that it will become a considerable article of export; bearing in mind that every fall in price means extending use in India in the cure and prevention of fever and disease, and therefore the cure and prevention of want and suffering among the poorest class of the native population.—*Louisville Med. News.*

PLUGGING THE CERVIX UTERI.—In the British Medical Association meeting, Dr. Henry Bennett mentioned a mechanical mode of treating intractable uterine hemorrhage, which he believed he was the first to introduce, more than thirty years ago, viz.: the plugging of the cervix uteri itself. In morbidly prolonged menstruation or menorrhagia, in the continuous hemorrhage which sometimes occurred at the cessation of menstruation, in hemorrhage from small polypi, in hemorrhage in the early months of menstruation, threatening abortion, or from the presence of blighted ova or moles, or from retained fetal placenta after abortion, he had found this method of practice invaluable and most efficacious. Hemorrhage was at once arrested, as would be the flow of wine from an uncorked bottle when a cork was inserted. He got the uterine neck fairly in view with a full speculum in a good light, and, by means of the speculum forceps, filled up the cervical canal with pledgets of cotton-wool, each tied to a thread. These threads were united and brought out of the vulva, lying on the perineum when the speculum was removed. At the end of twenty-four hours, they were pulled away, and the cervix exposed with the speculum. If blood still oozed out of the os, they were renewed. If an ovum or mole, or membranes, or a piece of placenta,

presented after one, two or three days' treatment, it was pulled out with the speculum forceps. He never had any accident.—*British Medical Journal*.

ERGOT POISONING.—In a case of midwifery, where subsequent hemorrhage was apprehended, a bottle of ergot was left by the doctor, with directions to administer half a teaspoonful every half hour in case hemorrhage occurred. By a misunderstanding, the half teaspoonful of ergot was administered every half hour from the time the doctor left. I reached the house a few moments after the messenger had been sent in search of me, and found my patient presenting an appearance that was indeed alarming. The face was of a bluish tint, and she seemed in great pain. The pupils were dilated, the pulse was quick, very weak, and occasionally irregular; there was dyspnoea, nausea (no vomiting), buzzing in the ears, and, at times, a tendency to syncope. The skin was cool and clammy. I was informed that another baby was expected. Upon inquiry, I learned that in all she had taken about $\frac{5}{8}$ ss. of the fluid extract of ergot (and this was afterward corroborated by the medical attendant from the amounts left in the bottle which he himself had brought to the house). I loosened the binder, lowered her head, gave her some whisky, and stimulated the circulation by rubbing, and, in the space of half an hour, the severity of the symptoms had gradually passed, and the patient was left to sleep off a dose of morphia and potass. bromide that was administered. One of the most interesting features in the case was the powerful uterine contractions. This alone was so marked as to have silenced in my own mind any doubts as to the efficiency of ergot, had I ever been a skeptic on the subject.—*Medical Record*.

ACUTE RHEUMATISM TREATED BY HOT WASHING-SODA BATHS.—In the *Australian Medical Journal*, for April, two cases of acute rheumatism, treated by hot washing-soda baths, are reported by Mr. Bingham Crowther, L. R. C. P., as occurring under the care of Dr. E. L. Crowther. In this treatment the patients are taken in a blanket by the four corners, and lowered down in a recumbent position into the bath. Half a pound of common washing-soda is added to the water, as hot as can be comfortably borne, the patient remaining in from ten to fifteen minutes, then lifted into a dry, warm blanket, and replaced in bed. According to

the reporter, profuse diaphoretic action follows, along with diuresis, to the immediate relief of the sufferer, pains rapidly depart, and sleep follows the use of the remedy. In one severe case convalescence was effected in eleven days. The other case was treated without permanent benefit with salicylate of soda and various sedatives and salines. On the 25th of December, 1879, "the patient becoming immovably fixed in bed by the affection of new joints, and all remedies proving useless, the washing-soda bath was tried as a last chance. After remaining in ten minutes he was removed. His complexion soon changed from a muddy to a natural color, and the pains left all the joints." On the 27th there remained only a little aching in the body and slight pain in the left wrist. Complete recovery having been established on the 8th of January, the baths were discontinued.—*Philadelphia Reporter*.

TREATMENT OF PHTHISICAL COUGH.—Several correspondents give their experience on this subject in the *British Medical Journal*:

Dr. T. F. Pearse recommends the tincture of gelsemium sempervirens in twenty-five minim doses three times a day. He generally prescribes it with dilute phosphoric acid. If there be much expectoration, compound tincture of benzoin is often useful.

Mr. T. Garrett Horder strongly advises hydrobromic acid in doses of twenty minims. It may be given with the addition of spirits of chloroform. He has also found the inhalation of the vapor of iodine very useful in chronic cough.

Another correspondent recommends fifteen minims of hydrobromic acid and ten minims of chloric ether in a dessertspoonful of water four or five times a day, with a pill containing a quarter of a grain of codæia three times a day.

Mr. A. de Winter Baker (Dawlish) recommends the following formula:

R. Tincturæ pruni Virginianæ,	ʒj
Glycerini,	ʒ ss
Nepenthe (Ferris & Co.'s),	m v.
Aquæ,	q s. M.

He generally orders it to be given when the cough is troublesome, and repeated in three or four hours, if re-

quired. In troublesome cases he also orders a double dose to be given at bedtime. He has never known it to fail to relieve cough; and it can be taken for a long period of time without disturbing the digestive organs.

ON GLYCERINE IN FLATULENCE, ACIDITY AND PYROSIS.—Drs. Sidney Ringer and Murrel state that they have found glycerine very useful in flatulence, acidity and pyrosis. It is not an infallible remedy, but it proves very useful in the great majority of cases, and sometimes succeeds speedily where the commonly used remedies have completely failed. The cases of flatulence, in which it has been used, were cases of stomach flatulence; as it is so readily absorbed it could not be expected to influence the formation of wind in the colon. In some cases it removes pain and vomiting, probably like charcoal, by preventing the formation of acrid acids, which irritate delicate and irritable stomachs. The glycerine probably acts by preventing some forms of fermentation and putrefaction, but it does not interfere with the digestive action of pepsin and hydrochloric acid. Hence, while it prevents the formation of wind and acidity, probably by checking fermentation, it in no way hinders digestion. The dose is one or two drachms before, with, or immediately after food. It may be given in water, coffee, tea, lemonade or soda water. In tea or coffee it may replace sugar. In some instances a cure does not occur till the lapse of ten days or a fortnight.—*The Lancet*.

ACUTE HYSTERICAL VOMITING DUE TO UTERINE DISPLACEMENT.—Dr. Grailey Hewitt presented to the *Clinical Society* (*Lancet*, June 19), notes on a case of this sort. The patient, in February, 1879, had brought on displacement by jumping from a height of six feet. Cessation of menstruation, more or less constant, sickness at the stomach, with progressive emaciation, ensued until December of same year. Ten months after the accident, the patient applied for treatment, when her true condition was, for the first time, diagnosed. The uterus was low down in pelvis, much swollen, and in a state of acute anteversion. Treatment consisted in nutrient enemata thrice daily, and in placing patient on elbow and knee position for two or three minutes every hour. Improvement at the end of a week when the sound was used and the uterus elevated.

The operation caused slight sickness at first, followed by marked improvement. At the end of a fortnight cradle pressary was introduced, and afterward retained undisturbed. From this time appetite, digestion, weight and general condition continued to improve. Sickness was entirely gone at the end of the third week. Seven weeks after admission, discharged. Menstruation has since returned, and general health as good as ever.

A NEW METHOD FOR THE OPERATIVE TREATMENT OF PROLAPSUS ANI.—Prof. Kehrer, of Giessen, Germany, has devised a new method for the treatment of prolapsus ani, and reports two successful cases with the same. After briefly alluding to the ordinary methods now in vogue, and commenting upon their frequent inefficiency, he proceeds to explain how he was led to attempt the new method. This was by the simple consideration of a rubber ring, which, owing to frequent over-distention, has ceased to act in a proper manner. If a knot be tied into such a ring, or if a loop of it be secured by a string, its former action will be restored. This simple principle he applied to the over-distended sphincter ani in cases of prolapse. That is, he folds together a portion of the sphincter, and, after excision of its mucous covering, secures the folds by means of a firm suture. Thus a portion of the ring is eliminated, and the caliber narrowed correspondingly. In the two cases which were subjected to this operation, a speedy cure took place.—*Deut. Med. Woch.*, August 14, 1880.

THE USE OF CHLORAL IN PHTHISIS.—A Russian doctor writes to the *St. Petersburg Medical Gazette*, on the "Utility of Chloral in Phthisis." In every case he had administered it he never had had the slightest accident. Sleep had been always calm. The physical symptoms were less evident in the morning; the patients felt themselves better and stronger; never did they complain of headache. When the chloral was suspended insomnolency appeared. The author sums up with the following conclusion: Chloral, as a hypnotic, is by no means indicated in phthisis. In the dose of from fifteen to thirty grains it can not do any harm, except in the last stage. It always procures refreshing sleep. It diminishes the sweating and checks the losing of weight. It lowers the temper-

ature, increases the urinary secretion, and does not produce headache, nor disturb the digestion.

BEST MODE OF GIVING ERGOT.—Dr. A. Luton, Professor of Clinical Medicine in the school at Rheims, discusses this question quite fully, and strongly commends the hypodermic use of this drug whenever it is indicated. He is not in favor of any of the so-called ergotines of commerce, and prefers the simple alcoholic tincture of the Codex. He contends that the vehicle, alcohol, is no more irritating than those advised to dissolve ergotine, such as glycerine, or chloroform, ether, etc., which have also been injected under the skin. The pain produced by the alcoholic tincture is slight and transient, especially if the point selected for the injection has a thick layer of cellular tissue, such as over the abdomen or toward the haunch. He has never observed an abscess to form after it has been used.

As to the dose, he has obtained as good results from one gram of the tincture (15.4 grains) injected, equivalent to twenty centigrams (3 grains) of the powder, as from the usual dose given by the mouth. Given by the mouth, ergot, like other fungi and highly nitrogenized bodies generally, must be partially digested or destroyed, hence we fail to get the full medicinal results of the dose, while, if it is given subcutaneously, we shall obtain its entire therapeutic power. Theoretically, we ought to reach definite results by giving ergot hypodermically, which we can not expect when it is given by the mouth. Practically, we find this to be true. In two cases of hæmaturia treated by Prof. Luton in the Hotel Dieu, of Rheims, no effects were produced by daily doses of ten grams of the tincture given by the mouth, while daily injections of one gram of the same tincture caused the symptoms to disappear in two or three days.—*Union Med. et Scientif. du Nord-Est*, June 15, 1880.

CONGENITAL NEUROTIC PAPILLOMA.—At the recent meeting of the British Medical Association (*British Med. Jour.*, vol. ii., 1880, p. 387), Mr. Wyndham Cottle read a description of the case of a boy whose skin presented lines of dark wartlike growths in the course of certain nerves. These lines were confined to one side of the body and limbs, and the rest of the skin was normal. The markings had existed from birth, and followed the course

of the cutaneous branches of the fifth nerve, the internal cutaneous, intercosto-humeral, and the saphenous nerves, and also occupied the middle line in front. They were limited to the right side, and were composed of contiguous filiform papillomata, and in structure corresponded to ordinary filiform warts. The lesions were closely allied to ichthyosis hystrix, from which they were separated by being unilateral, following the course of certain nerves, and being attended by no accumulation of epithelial debris, horny plates, etc., from alterations in the sebaceous glands. They probably depended on morbid intra-uterine nerve-influence, akin to the zoster of later life, and formed a striking example of perverted nerve-action in nutrition. Mr. Cottle proposed the designation "congenital neurotic papilloma."

RHEUMATISM.—Dr. J. H. Egan, of Pulaski, Tenn., has the following in regard to *manaca* in this disease:

Latterly I have used a new remedy, which has given me satisfaction. I refer to fluid extract manaca, which is a Brazilian medicine, officinal in the pharmacopœia of that country, and justly celebrated for its remedial powers in rheumatism. My general formula is:

R. Fl. ext. Manaca . . . ʒii.
Elixir simplicis . . . ʒii.

M. S. A teaspoonful every hour.

The great benefit derived from manaca is the profuse perspiration which it produces, and alleviation of pain. Sometimes headache is occasioned, but it is transitory and can be at once cut short by partaking of a cup of coffee. The above prescription is alternated with the salicylate of potash or iron. In chronic rheumatism I use the manaca conjoined with a liniment applied three or four times daily.

When heart complications exist, remedies must be used to meet the indications of each case.—*St. Louis Courier of Medicine.*

ACTION OF VARIOUS DIURETICS.—Dr. Maurel gives the result of his experiments (*Bulletin General de Therapeutique*) as follows:

1. Nitrate of potassium, uncertain as to the quantity of liquid, augments the solid material of the urine to a notable degree. The most active doses are a drachm to a drachm and a half.

2. Chlorate of potassium, less active with respect to the augmentation of solids, increases the fluids of the urine to a greater degree.

3. Acetate of potassium is uncertain, as to the quantity of both solids and fluids.

4. Iodide of potassium, far from being a diuretic, even seems to diminish the quantity of urine.

5. Salicylate of sodium, uncertain as to the quantity of liquid, increases the solid constituents of the urine.

6. Of three vegetable substances experimented upon—squill, colchicum and digitalis—the latter alone is a real diuretic. It augments at the same time the quantity of both solids and fluids. Dr. Maurel gives it as his opinion that no diuretic acts when the system is in a febrile condition; this must be modified before diuresis can occur.—*Buffalo Medical and Surgical Journal.*

GLYCERINE IN FLATULENCE, ACIDITY AND PYROSIS.—Drs. Sydney Ringer and William Murrell find (*Lancet*, July 3, 1880) that glycerine is useful in acidity, flatulence and pyrosis, and that it sometimes relieves pain, probably by preventing the formation of acrid acids which irritate delicate and irritable stomachs. They suggest that it acts by retarding or preventing some forms of fermentation and of putrefaction, and, while doing so, it in no way hinders digestion. They administer one or two drachms in water, coffee, tea or lemon, and soda water, either before, with, or immediately after food. In tea and coffee it may replace sugar, a substance which greatly favors flatulence. In some instances a cure does not occur until the lapse of ten days or a fortnight.

COLOR-BLINDNESS IN THE PROFESSION.—At a recent meeting of the British Medical Association seven hundred members were examined on this point: twelve were completely color-blind, six red-blind, and six green-blind, and two were incompletely color-blind, one red and one green—in all, fourteen. Of four others who were not color-blind it may be said that their chromatic sense was feeble. A large number who presented themselves for examination expressed a belief that they were color-blind whose color-sense was yet found, on examination, to be normal.

AN EPIDEMIC OF FAVUS AFFECTING SIMULTANEOUSLY CATTLE AND CHILDREN.—Dr. Gigard reports the occurrence of this epidemic in a village called Nantoin, in the Canton

Cote Saint Andre. Porrigo favosa had existed for several years in the village, but the inhabitants had been heedless of its presence. Many cows were suddenly affected, and at the same time the disease manifested itself among the children. The original culprit, according to the writer, was a calf, which, in a somewhat roundabout way, communicated the disease to the village cows, and hence to the children.—*Lyon Medical*, August 15, 1880.

CHIAN TURPENTINE IN CANCER.—Prof. Clay, of England, recently reported that chian turpentine was endowed with almost specific properties in the treatment of cancer. Investigations by other therapeutists have since failed to establish this claim. Some of the cases in which it has been used have somewhat improved, notably those reported in the *Lancet*, July 3, by Drs. Drury and Stewart, but none have recovered. The most adverse testimony, however, comes from Drs. Lawson, Tait and J. Hickenbotham, of Birmingham, who found it utterly useless in an aggregate of twenty-eight cases.

THE following formula for *mistura filicis maris* is adopted at Guy's Hospital:

R̄	Ext. filicis liq.,	fʒi;
	Tinct. quillaiā,	fʒss;
	Syr. zingiberis,	fʒss;
	Aq. distillat. ad	fʒi.—M.

If some mercury be shaken up in a bottle with tincture of quillaia, the metal is reduced to a very fine state of division. It has much the appearance of hydrarg. cum creta, and examined with a lens, is seen to be composed of distinct globules of mercury.

THE last sweet thing in words—"dyskinesia"—coined by the gynecologists, shows a sad falling off. It is not euphonious enough. It lacks the tinkling mellifluousness of "kolpokleisis" and its twin brother "kolpoecpētasis." We implore the soaring spirits who gave to the world a "hysterotracheloraphy" and a "laparoelytrotomy" not to falter in their good work. Our nomenclature is not simplified enough, nor is the Greek dictionary quite exhausted.—*Western Lancet*.

ANOTHER CARDIAC SEDATIVE.—A new alkaloid, thalictrine obtained from *thalictrum macrocarpum*, a plant of the Lower Pyrenees, has been reported to the Paris Academy

of Sciences. A toxic dose, injected into the veins of a dog, kills in five minutes, death being preceded by convulsions, complete abolition of general sensibility, acceleration of the respiration, weakness of the pulse and vomiting, phenomena quite analogous to that of erythropleine and digitalin.

BOOK NOTICES.

LINDSAY & BLAKISTON VISITING LIST, FOR 1881. Published by Lindsay & Blakiston, Philadelphia. Price, for 25 patients a week, \$1.00; for 50 patients, \$1.25.

We are in receipt of this very popular visiting-list for the coming year. It has now reached its thirtieth year of publication, and continues to maintain the favor it had at the start. Besides containing the usual blank spaces for marking daily visits made, memoranda of obstetric attendance, vaccinations, general memoranda, etc., it contains the metric or French decimal system of weights and measures, posological tables, showing the relations of our present system of apothecaries' weights and measures to that of the metric system, giving doses in both. This is a very valuable addition, as so very many writers, in every department of science, now employ the metric system.

TREATISE ON THERAPEUTICS. Translated by D. F. Lincoln, M. D., from the French of A. Trousseau, Professor of Therapeutics in the Faculty of Medicine of Paris, etc., and H. Pidoux, Member of the Academy of Medicine. Two volumes. Ninth edition, revised and enlarged, with the assistance of Constantine Paul, Professor in the Faculty of Medicine of Paris. Vol. II. 8vo. Pp. 299. New York: Wm. Wood & Co.

We gave quite a full description of this excellent work recently when we noticed the first volume, and to again describe it would be to repeat our former description. It forms the eighth number of Wood's American Medical Library for the present year. The chapters in this volume are devoted to Antiphlogistic Treatment; Evacuants, as Vegetable and Mineral Emetics, Vegetable and Mineral Cathartics; Musculo-Motor Excitants, or Excito-Motors; Narcotics. As we stated before, this is a very valuable addition to the series.

A MANUAL OF MINOR SURGERY AND BANDAGING. By Christopher Heath, F. R. C. S., Surgeon to University College Hospital, London, etc. Sixth Edition. Revised and Enlarged, with 115 Illustrations. Price, \$2.00.

This work has met with very great popularity indeed, having passed through six editions. The design of the work is to afford instruction to house-surgeons and young surgeons generally, in the numerous accidents and emergencies daily coming under their care. There are many operations and manipulations in surgery, classed "Minor," of the utmost importance, which are not described in detail in the larger and more imposing treatises upon surgery. All such, in this little work, receive the attention necessary for their full understanding. We have no doubt the work will continue to receive the patronage it deserves. Every young physician should have a copy previous to commence practicing as a *sine qua non*.

ON THE BILE, JAUNDICE AND BILIOUS DISEASES. By J. Wickham Legg, F. R. C. P., London, Lecturer on Pathological Anatomy. Svo. Pp. 719. New York: D. Appleton & Co. Cincinnati: R. Clarke & Co.

Surely a finer work on the subjects of which it treats has never been published than the one before us. It treats of the most common, most important, and probably the least understood of the disorders to which human beings are liable. The liver is the largest gland in the body, and how important it is in the animal economy, as pointed out by the author, is shown by its presence in the lowest tribes of animals, and by its early appearance in the embryo. That a very large organ like it, possessing such manifold functions—functions that are in almost constant action—should be exceedingly liable to disorders, and disorders of a most important character, is not at all wonderful.

The work will undoubtedly meet with a cordial reception by general practitioners. It is not a work written for specialists, but a monograph for all physicians, treating of bilious diseases more fully and more in detail than can be done in those Practices that consider all diseases. In its thirty chapters, there is much very valuable information that can be found only in a work by a writer who has been devoting much time and labor in investigating

diseases of the liver and the organs closely related to it.

In the last chapter the author has specially considered the meaning of "bilious diseases," proposing that the word "bilious" should no longer be used as an adjective to diseases. A bilious disorder he defines to be one complicated with the following symptoms: "A bitter taste in the mouth, a yellowness of the tongue, thirst, loss of appetite, nausea or vomiting, constipation or diarrhea; a headache more or less violent, which may sometimes pass even into delirium; a sense of weariness and aching of the limbs. There is no evidence that the disease is accompanied by any increase or decrease, or any change whatever, in the secretion of the bile; and it is only by accident that jaundice is seen; for though jaundice not uncommonly complicates a bilious disorder, yet it is an accidental, and by no means a necessary part of the state.

"It will be seen that the symptoms of an acute bilious disorder are identical with those now commonly attributed to acute gastro-duodenal catarrh; and a proof of the connection of these symptoms with the pathological state of the stomach has, by a fortunate accident, been given by Dr. Beaumont in the case of Alexis St. Martin; and still further marked out by Broussais, so that a bilious disease simply means a disease attended by a gastro-intestinal catarrh."

He wishes it understood that when he uses the word "bilious," a gastric catarrh is always connected.

The publishers have gotten out the work in an unusually handsome style. It is printed on an unusually fine quality of paper, while the type is large and remarkably clear.

EDITORIAL.

PARTIES who advertise will consult their interests by advertising in a well-established journal—not one just commenced, nor one that has lived out its day of usefulness and is kept alive by occasionally buying up the subscription list of a defunct contemporary. It is better to pay a reasonable sum for space in a journal of large *bona fide* circulation than a very small sum in a journal of scarcely any circulation.

THE MEDICAL NEWS is the cheapest medical journal to advertise in of any medical journal in the West—not because it charges less per page, but because it has the largest circulation. Those who advertise in it usually continue their advertisements so long as they continue to advertise in any

journal. In looking over the advertising form it will be observed that not a few of the advertisements have been appearing for years.

We hereby append the post-office law in regard to periodical publications. By noticing it, and keeping it in mind, hard feelings would sometimes be avoided:

UNITED STATES POSTAL LAW.—1. A postmaster is required to give notice *by letter* (returning a paper does not answer the law) when a subscriber does not take his paper out of the office, and state the reasons for its not being taken. Any neglect to do so makes the postmaster *responsible* to the publishers for payment.

2. Any person who takes a paper from the post-office, whether directed to his name or another, or whether he has subscribed or not, is responsible for the pay.

3. If a person orders his paper discontinued, he must pay all arrearages, or the publisher may continue to send it until the payment is made, and collect the whole amount, *whether it be taken from the office or not*. There can be no legal discontinuance until the payment is made.

4. If the subscriber orders his paper to be stopped at a certain time, and the publisher continues to send, the subscriber is bound to pay for it *if he takes it out of the post-office*. The law proceeds upon the fact that a man must pay for what he uses.

5. The courts have decided that refusing to take a newspaper and periodicals from the post-office, or removing and leaving them uncalled for, is *prima facie* evidence of intentional fraud.

NOTICE.—One more issue of the MEDICAL NEWS closes the volume of the year 1880. A number of subscribers are in arrears. We must insist upon their settling up. It costs a great deal of money to publish a medical journal, and those who take one should pay for it. The obligation is as great as it is to pay for any other article made use of. We have no sympathy for a physician, who does not pay for his medical journal, if he fails to receive pay for his services. During the year we have sent a great many bills to parties who have not yet responded. We will propose to send other bills, and hope to hear from all in a very short time.

SISTER ANTHONY.—At present writing, every number of the daily newspapers, for several days, have contained articles in regard to the removal of the lady whose name heads this article, from the superintendency of the *Hospital of the Good Samaritan*, of this city, which position she has filled most satisfactorily to both Catholics and Protestants since its commencement at the close of the late war. Previous to that time, she was in charge of *St. John's Hotel for Invalids*, of which the former institution is the successor. Since the announcement that Sister Anthony was to go to another field of labor out of the city, the greatest surprise has been manifested among all classes, for the Sister is a lady who has endeared herself by her good works with every one—rich and poor, high and humble, particularly with the poor, without dis-

tion of religion. And with surprise no little dissatisfaction exists, with an evident disposition to know the cause of the removal. It is felt that one who has filled a position so entirely to the satisfaction of every one, and has thus proven a capability beyond a doubt, should not be taken away, and another substituted, without great cause; and it is felt that the cause should be made known.

Under the circumstances, it is not to be wondered at that the newspapers have taken up the subject, and every number of each of them has in it something to say in regard to Sister Anthony's removal from her position at the *Good Samaritan Hospital*. A *Commercial* reporter, the other day, called upon the Sister and obtained an interview, but stated that she was very reticent in regard to the causes. He then visited the institution which is to be the future field of her labors, but he was as unsuccessful with the sisters he there met, whom he interviewed, as he had been with Sister Anthony. All his efforts in Catholic quarters to ascertain the causes which had led to the severing of the connection of Sister Anthony with the Hospital which she has been managing so long, and so much to the satisfaction of all, and of which she is really the mother, was without avail. None could give any satisfaction. No one even ventured to advance a conjecture. Foiled in all his efforts to obtain information, the reporter bethought himself of Dr. W. B. Dawson, surgeon on the staff of the Good Samaritan Hospital, and Professor in the Medical College of Ohio. It occurred to him that, as Dr. Dawson is a prominent and influential gentleman of his college and of the hospital staff, he might know something in regard to the causes of the Sister's deposition from the superintendency of the *Good Samaritan*, and would be willing to state them. We regret that we have not before us a copy of the paper containing the report of the interview, for we would like to present the report just as it appears. We can, however, very correctly give the substance of it. The Dr. very justly spoke in very high terms of Sister Anthony's good works, of her long devotion of herself to the relief of the sick and unfortunate, and especially he dwelt upon her labors among the soldiers during the war. He was unsparing in his praises of her life-long work of mercy, and of the sacrifices of herself in carrying it on. As a

hospital surgeon he has seen much of her, working along with her for years, and undoubtedly has an exalted opinion of her as a Christian lady. He is one who would not, under the circumstances, withhold the praise justly due. As to the causes of her removal from the management of the hospital, he said that *she herself had asked for it*. She had become broken down by incessant labor for a long time and wished for rest. *She had asked to be removed, and it had been granted, that she might rest*. But the fact that Sister Anthony is not going to a place of rest, but to another field of labor, seems inconsistent with this statement. At any rate the public are not satisfied with it, and the discussion concerning the removal goes on. The *Catholic Telegraph*, in its last issue, has a lengthy editorial devoted to the subject in which it speaks all around it, but affords no light. The nearest it approaches it is in stating that Sister Anthony's superiors in their council have seen fit to do so. We quote: "Suffice it to say that there is not the slightest truth in the report that the good Sister is removed for any fault, breach of discipline, act of disobedience, or, in fact, for any reason whatever, save that the community to which she belongs have seen fit to remove her, with the sanction of their ecclesiastic superiors. Sister Anthony, with the true humility and obedient spirit of one thoroughly good and religious, bows to the decree."

Now, it occurs to us, that, after reading such a statement, we must look further than the explanation of Dr. Dawson if we wish to discover the "true inwardness" of the cause of Sister Anthony's removal from her position at the Good Samaritan. If it were that she herself had asked to be removed, because she wanted rest after so many years of toil, it would be accepted as most satisfactory. However much her many friends would be grieved and would lament the severance of her connection with the Hospital, yet they would feel that she had a right to ask to be relieved from her place and seek rest, and would acquiesce without a word. It would not be necessary for the *Catholic Telegraph*, whose editor knows all about the causes, to write a very lengthy article, in which nothing is said, about it. All that he would have to do would be to mention the fact, and all disappointment and dissatisfaction would be at once suppressed in the earnest desire to serve her.

We are of the opinion that if the reporters would direct their efforts to another quarter that something satisfactory in regard to Sister Anthony's removal might be learned. In fact, it is astonishing to us that the quarter to which we allude has been so entirely overlooked. It is strange that days should elapse and it not occur to any one. We mean the *Faculty of the Medical College of Ohio*. We are confident that if the gentlemen composing it could be placed under such circumstances that, if "interviewed," the truth had to come, the whole subject of the removal would be made so lucid that it would not be necessary to write further editorials upon it. It would be made as "bright as the noonday sun."

Although known in this city, yet it is probably not generally known outside, that the Medical College of Ohio has had a complete monopoly of the *Hospital of the Good Samaritan*. Its Faculty compose its staff, and its students alone are afforded clinical instruction within its walls. To maintain this complete monopoly has not been without many difficulties. Especially has it been most onerous with a lady of the intellectual ability and executive capacity at the head of the institution as Sister Anthony. There has not been able to be any "fooling." To convince such an individual that the members of the Faculty, however able they might truly be, embodied the medical learning and wisdom of the profession of the city has been no easy task, and, in proportion, there has been a lack of so convincing, in that proportion, it has been necessary to present other reasons why it was best that they should be preserved in their monopoly. For a number of years, although every effort has been made to suppress it, we have heard of murmurings and discontents. Now and then an outside physician would receive an appointment by the Sister as a visiting physician, as, for instance, Dr. Fred. Anderson, Dr. Tate, Dr. Buckner, but he would be prevented from lecturing by the Ohio Faculty; and then, becoming disgusted, he would resign, or, may be, discharged.

But it is unnecessary to go into details. Suffice it to say that we feel very sure that the cause of Sister Anthony's removal will be found in the Faculty of the Medical College of Ohio. She has been laboring exclusively for the interests of the Hospital of which she has been having charge, and, in doing that, she has been laboring

for the welfare of the poor and the sick. On the other hand, the Faculty of the College have been anxious for their college—they have desired to build it up and maintain it at the head of the medical colleges of the city. In doing this, Sister Anthony has, at times, been in their way, and caused them a great deal of inconvenience. So tiresome has this constant strain upon their exertions become, they have finally gotten her removed.

THE RICH vs. THE POOR.—Quite recently a manufacturing establishment of this city was burned, and several old women, who were employed in it, fell victims to the flames. All of them were very poor, and had not only themselves to support, but had others depending upon them. To one a crippled and consumptive husband looked for bread; another had a blind daughter to share her earnings. The pittance they earned, from day to day, was scarcely enough to prevent them from suffering the pangs of hunger, and enable them to keep clad in some rags. After the terrible tragedy, the workmen, in a near manufactory, raised a purse of \$40 for the benefit of the families of those whose support had been cut off. Besides this small amount all we heard of being contributed for the bereaved, was \$50, sent by some humane man, residing in a distant town, to the editor of the *Commercial*. What will become now of the poor crippled husband and the poor blind girl and the other helpless beings? No doubt many will be ready to exclaim, that in a city containing so many men of wealth as Cincinnati, there will be no danger but that they will be well provided for. Are there not many men, it will be said, in it who have given thousands of dollars for public purposes—sums ranging from a thousand dollars to a quarter of a million? Yes, that is true, and yet the most piteous case of poverty will go unrelieved. Hundreds of poor women and children, broken down in health, will struggle along, from day to day, scarcely able to procure sufficient to provide for their most common wants, oftener than not suffering the pangs of hunger, and no one will give the slightest aid. Such phenomena, if we may so term them, are interesting to the physician—phenomena as the profuse bestowing of wealth to advance culture, refinement, and a higher taste upon classes that have sufficient means and time to give them attention, and yet will scarcely give a dollar to relieve suffering want. Every-

thing pertaining to the human being is of interest to the physician, for he has not only to do with men's bodies, but their mental and moral nature—to study their actions and analyze their motive forces, explaining what calls forth their conduct. Every day the medical man is called upon to give evidence as to men's purposes in their behavior, and what may be normal or abnormal in what they do in considering a healthily constituted mind.

To bestow wealth freely for purposes that tend to cultivate the masses, and afford them pleasure, as the building of a great Music Hall, or erecting an Art Hall, is laudable and confers a benefit. The act is a liberal one, and in that respect is the same as the giving of money to buy bread for a starving person. In one case, however, the benefit is extended to many hundreds, in the other it is limited to a fewer number, but more felt. But as regards actual benefits, directly and indirectly, near and distant, it is impossible to compare them.

It is a law in mental philosophy that the intellect proper never produces an action in an individual, but that the emotive forces or feelings must be first excited. A man may have an idea of suffering, but unless some emotion of some kind follows, he will never put forth an effort to relieve it. The emotions that do this are many. Pity for the suffering may move to aid, or self-interest, sense of duty arising from religious training or moral constitution, love of applause, fear under some circumstances, etc.—any one of these alone, or a number acting together, may bring about a charitable act.

But we have said as much on this interesting subject at this time as we have space in our editorial pages. We propose to take it up again, for it is important to understand how it is, in a great city, that thousands of dollars will be willingly and liberally poured out for a certain class of charitable objects, while hundreds of poor human beings are permitted to suffer for bread.

CHAPTER OF MEDICAL COLLEGES.—This is the title which the *Medical and Surgical Reporter* gives to a board of physicians which it desires to have appointed to examine candidates for the degree of Doctor of Medicine, instead of the faculty of the college at which they have attended for instruction. We are pleased to have others to advocate a plan that a very long time ago occurred to us as

the only proper one, and which we have been urging. Until something of this kind is adopted in this country, the possession of a diploma will not be a guarantee of qualifications on the part of the holder. How is it with our medical colleges? Only a very few of them are public, endowed institutions. They are private affairs, owned by the members of the faculty. Or, if not precisely owned by them, they are supported exclusively by students' fees, so far as these go; and the gentlemen of the faculty are responsible for any deficiency in the income from this way to meet expenses, if there should be any. There is, of course, a board of trustees to fulfill the requirements of the law, and who ostensibly hold the charter; but it is an irresponsible body, and has nothing to do with the monetary affairs.

All medical colleges require candidates for graduation to deposit with the dean or treasurer of the faculty the sum of twenty-five dollars (in some colleges it is thirty dollars), called the graduation fee, previous to their examination. In case a candidate should not be regarded qualified to be numbered among the alumni, it is stipulated that the money will be returned. Really, if the candidate was not required to pay the amount for graduation, under the circumstances it would be a bribe on his part to be graduated. Very poorly qualified, indeed, must he be if he does not pass. From half a dozen to a dozen men have been laboring hard for a period of five months at lecturing—neglecting their business more or less and making other sacrifices. Will it not be adding to their sacrifices to be under the necessity to take twenty-five or thirty dollars out of their treasury, largely depleted by necessary expenses, and with many expenses yet to meet, to repay to an individual whose examination for a diploma has not been satisfactory? Will there not oftentimes be a strong temptation to hold on to the money, and grant the sheepskin with the hope that the fellow has only been a little dilatory, and will improve? Yes, there will frequently be such temptations. We have known them often to occur; and our observations have extended so far that we know that hundreds of such instances happen every year. When twenty-five dollars, or any sum of money, is to be sacrificed in case a diploma is not granted to a candidate, the consideration of his qualifications can not be regarded as impartial. If not a

conscious, there will frequently be an unconscious, influence exercised.

But why should a candidate for graduation be compelled to pay any sum to be graduated, if he be qualified? It is certainly an extortion. If a student has studied a due length of time, has fulfilled the usual curriculum, paid his tuition fees, and passes, or is able to pass, a satisfactory examination, a diploma is his right; and it would be a miserable injustice to withhold it from him unless he pays what may be to him a large sum of money for it. According to the laws of many States, those who now propose to begin the practice of medicine must have graduated. Would not a young man have a great wrong inflicted upon him, who, having fulfilled all the requirements of a college, and is well versed in the learning of the profession, is prevented from commencing to practice because he has not the means to pay the sum demanded for the conferring of the degree of M. D.? Does not one's sense of right cause one to feel that he is entitled to graduation, and should receive it? Probably, under the circumstances, it would be conferred gratuitously; but a person should not be humiliated by being a recipient of a gratuity for that which, by every principle of right, belongs to him.

But a college faculty frequently has another more powerful motive to graduate an incompetent person than being paid a sum for it. A candidate for graduation, who is lacking in qualifications, sometimes is able to exert an influence either beneficial or detrimental to the college, according as it may or may not possess his good-will. An institution depending exclusively for its support on fees collected from students must cater for patronage. It must, as far as possible, avoid giving offense. Every graduate sent out it is supposed will become a patron. He is likely to have more or less students whom he can send to whatever school he feels friendly toward; and the poorest qualified practitioner generally has the most students studying with him. Such usually encourage all they can, without regard to attainments or fitness of any kind, to study medicine, and consequently control no little patronage. Gentlemen "*running*" a medical college can not afford to offend such individuals, or those whom experience makes it probable will be of that class.

A board of educated physicians, forming a "Chapter,"

selected for their learning, soundness of judgment, high character, disposition to do fairly, not connected with any medical college directly or indirectly, or engaged at all in teaching, would be far more competent to examine candidates for the degree of M. D. than the faculty of any medical college could possibly be. They would not be liable to improper influences of any kind. They would be affected only by consideration of the good of the profession and the community; and a diploma proceeding from them would be a guarantee of qualifications. The degree of M. D. bestowed by them would be a real honor of which the possessor might be permitted to feel proud. In whatever State such a chapter existed, created either in consequence of some legal enactment, or by agreement of the medical schools themselves, all candidates for graduation would appear before it to decide upon their qualifications, and consequently the faculties would be relieved of this duty. They would be concerned in teaching alone; and as there would necessarily spring up among the schools a great incitement to prepare the best qualified candidates for graduation, each college being zealous for the honor of having the smallest per cent. of rejections of candidates of any of the others, a most favorable effect would be exerted upon the several schools. The greatest care would be used in selecting the best teachers, and adopting the best modes of instruction. Means of illustration would be increased, and in every respect possible the college would be improved.

LONG ISLAND COLLEGE HOSPITAL.—The object in the organization of this school was the uniting a hospital and a medical school. The founders consider that they have succeeded in this beyond what any other school has having a similar object. The Faculty claim that “they have made clinical teaching a *reality* in the only possible way in which it can be of practical value to the student, viz.: by cultivating his faculties of observation at the *bedside*. Mere amphitheater teaching must, from the very nature of clinical study, fail to accomplish work that can only be done in the wards of a hospital.”

That amphitheater teaching can not fulfill purposes that can only be fulfilled in the wards, is so evident that it requires no argument to prove. Real clinical teaching can only be done alongside of the bed, where the student can

observe objective symptoms pointed out to him, and, to some extent, examine himself. When he sits in an amphitheater at a distance from a patient that has been brought in on a bed, and sees scarcely more than a heap of bed clothes, and knows only in regard to the pulse, temperature, condition of tongue, expression of countenance, respiration, etc., as he is informed by the clinician, it is folly to say that he has any advantage of clinical instruction. Although given within the walls of a hospital, the teaching is but didactic, the same as he receives while sitting on the benches or chairs of the college lecture-room. The place in which instruction is given does not give it its character. To learn to detect symptoms, to obtain skill in manipulating, to be able to analyze, compare, deduce and form a diagnosis from indications presented, the student must have facilities to exercise his own five senses and his own logical powers, directed, of course, by the instructor. If such opportunities are not afforded him, he is like an apprentice at a mechanical trade, who is endeavoring to acquire it by oral instruction alone.

A great drawback to the instruction given in the Cincinnati Hospital, of Cincinnati, is that the rules of the institution make it really nothing but didactic. The medical student who purchases a ticket for five dollars can only enter the lecture-room, where, with several hundred others, he will only have an opportunity of obtaining a back seat. From this point of observation, he is supposed to receive clinical instruction; and, from the fact that the lectures heard are by members of the hospital staff, and are delivered within the walls of a hospital, he is probably disposed to think so himself. It is, however, an egregious mistake. There is not a single element of clinical instruction in it. There is no opportunity given whatever for a student to exercise his own powers. Of the dozen different characteristics of the pulse, his sense of touch is never brought in contact with any. He is not permitted to put his ear to a patient's chest when a certain dry rale or moist rale or a ronchus of any kind can be heard. He is told such and such sounds are to be heard in the chest of a patient whose bed he sees within the railing, many yards away from him, and that they indicate certain lesions, but this latter information he had already learned from his didactic instructor or his book.

If it was not for the fact of his deceiving himself, he would know that a manikin, dressed up and placed in a bed, would answer every purpose of clinical instruction in a hospital where the patient is only seen at a great distance, or not seen at all, by the student. Under such circumstances the same patient will answer the purpose to illustrate a case of typhoid fever, pneumonia, peritonitis, etc. For, as regards the symptoms, the so-called clinician can state them to suit himself. He can state that certain ones are present or not present as suits him to make out the case, or he can leave them unmentioned. The student has no opportunity of ascertaining anything himself.

But to return to the Long Island College Hospital. The hospital is under the immediate control of the regents and council of the college, and is, therefore, available at all times for practical instruction.

The courses of instruction are given in the hospital building, so that the student, without loss of time, is brought in direct contact with the patients.

For the purpose of carrying out more fully the objects of clinical instruction, and thereby perfecting the system of *demonstrative* teaching, the Faculty have adopted the plan of dividing the senior class into sections of ten or more, who accompany the clinical teacher in his daily hospital service; and by this plan of constant rotation of classes from the medical to the surgical wards of the hospital, they believe that the student receives the largest possible amount of instruction daily in all the practical branches. This mode of teaching, it is claimed, is peculiar to the Long Island College Hospital. The Faculty also adhere to daily class examinations, having found, by experience, that the plan of constant class-room drill encourages exact knowledge and habits of close attention; while in its practical results it is superior to the system of lectures alone.

We have thus made the *Long Island College Hospital* the subject of an editorial not at all for the purpose of advertising it, for we have no acquaintance with any gentlemen connected with it, and they have never been patrons of our advertising pages, but to exhibit to our readers what we regard as a model mode of imparting clinical instruction. We of Cincinnati have been desirous for some years of making our city a great center of

medical education, but, before that can be done, there must be a great deal of reformation in the system of education. There is certainly no educational institution so much in need of reform as the Cincinnati Hospital. Not only does its system of imparting instruction need reform, but also its trustees and staff. No hospital can have a high standing when members of its staff are appointed in consequence of their religious standing. Religion makes better men and better women, and highly adorns a physician, but to make an appointment for the reason that the candidate holds a high position in the religious community, tends to degrade both religion and the hospital.

THE MIAMI VALLEY MEDICAL SOCIETY.—This Society held its semi-annual meeting at Loveland, O., November 9. We were not present ourselves, but have gathered a few items of information, which we present to our readers. It is composed of physicians residing in Hamilton, Clermont, Warren, Clinton, Butler and Highland Counties, and numbers many prominent practitioners on its rolls. The Society was called to order at a quarter past 10 o'clock A. M. by President Dr. E. J. Tichenor, of Lebanon, and, in the absence of Dr. E. B. Stevens, the Secretary, Dr. L. W. Bishop was appointed Secretary *pro tem.*, after which a number of candidates were examined by a committee and admitted to membership.

Dr. W. A. Carmichael, of Loveland, read a very lengthy and extremely interesting paper on "Malarial Fever." After which a general discussion on the subject ensued, in which Drs. Russ, of Hillsboro; Pampell, of Cozaddale; Morris, of Goshen; Trimble, of New Vienna; Thacker, of Goshen, and Sidwell, of Wilmington, took part.

At this point in the proceedings the west-bound train brought Secretary Dr. Stevens and quite a number of members of the Society from Lebanon, Morrow and other points.

Dr. Drake spoke of the use of calomel to stir up the liver. He referred to old-time treatment in comparison with to-day.

Dr. Morris, of Goshen, introduced to the notice of the Society a patient, a Miss Conover, of Cozaddale, eleven years of age, who was suffering from necrosis of a bone, the injury having come from a fall from a fence. The universal verdict, after a careful examination of the case,

was that the child should be operated upon and the diseased bone removed.

The minutes of the previous meeting were now read and the Society adjourned for dinner.

The afternoon session commenced at 1 o'clock, and was opened by Dr. R. T. Trimble with a paper, entitled "Is Typho-Malarial Fever a Disease *per se*?"

It was pronounced a very able paper, and was highly complimented by his brother physicians. Dr. Hixon, of Iowa, and Dr. Hunt, of Kentucky, were called upon to make remarks. These gentlemen were old-timers, and treated the Society to a few brief remarks.

Dr. Frank H. Darby, of Morrow, contributed a paper on opium, giving some very remarkable statistics from different sources.

ELECTRIC LIGHTING.—Very great progress is being made in electric lighting. It would be quite impossible to give all the details. Recently they have begun to light the great Royal Albert Docks, on the Thames, just below London, by electric lights. These docks are an extension of the Victoria Docks, and consists of an extensive lock, 700 feet long, opening into a tide basin of 12 acres, which in turn opens into the main basin, 6,500 feet long, 500 feet wide, and covering 72 acres. There are also two graving docks, 410 and 500 feet long, respectively. The whole of this area, about a mile and three-quarters in length, is now lighted by twenty-six Siemen's lamps. Steam-engines of twenty horse-power each are stationed at four points for driving the Siemen's machines that generate the electricity; and from these stations the current is conveyed by wires, partly on poles and partly underground, to the lamps, which are placed on iron standards eighty feet high. On the first night of the trial of the lights, one of the large steamers of the Orient line was successfully docked, and the luggage of the passengers was examined. The directors were satisfied with the result, and are confident that the heavy outlay for lighting the vast area will prove a judicious investment. A London contemporary says:

Though gas may continue to be for some years yet a much-valued public servant, no one will venture to deny that the electric light has a great future before it. Some parts of London have recently had the benefit of being lighted by the new illuminator, the satisfaction given being in all

cases perfect. When such business men as constitute the Board of the London and St. Katharine Docks Company enter into contracts for having their docks lighted by electricity, caviling at details appears out of place. The practical persons who witnessed the display of the electric light in the Albert Docks on Monday last must have come away with the impression, if they have not been able to make up their minds on the matter before, that the new light will ultimately replace gas.

MIASMATIC INFLUENCES.—We understand that Dr. Tefft, of Missouri, recently wrote a paper on "Foul Air," in which he cited many facts to show that the inhalation of foul air does not necessarily and uniformly produce disease. In a subsequent paper he explains his views more at length. He claims not to be a champion of filth, nor an opponent of sanitary reform, but simply wishes it understood precisely when and why filth is the indirect, though not the direct, cause of disease, as the following abstract of his paper will show:

(1.) By civic miasm is meant the emanations from vegetable and animal substances in a state of decomposition; human and animal excrements, solid or fluid; human and animal exhalations; in short, it is the result of the whole combination of abominations generally termed filth.

(2.) The noxious influence of this miasm depends mainly upon the chemical gaseous products of organic decomposition, which (some of them) doubtless exercise a powerful depressing effect upon all the organic functions, and thus constitute a predisposing cause of any morbid process or disease to which the organism is otherwise liable.

(3.) Civic miasm is a favorable nidus for the development, growth, multiplication and preservation of *specific* miasmata, and is a convenient medium for their diffusion.

(4.) Civic miasm does not itself cause specific zymotic diseases. Filth and bad smells alone may be in the highest degree noxious, or they may be innocent of acting as morbid agents. It depends upon the character of the chemical results. In no case does filth or civic miasm alone act as a *specific* ferment.

(5.) Specific zymotic diseases require for their production specific causes, specific ferments, specific organisms, in short, specific miasmata.

(6.) The favorite habitat of such specific miasmata is furnished by filth, but filth does not generate them. The seed must be first sown.

(7.) During the prevalence of specific zymotic diseases, those people who live amid filth, or are the most exposed to its influence, will soonest and in the largest numbers succumb, from the simple fact that with them is found the best means for the propagation of the poison, and the best means for its diffusion.

(8.) In the absence of the specific causes of zymotic diseases, those living amid filth may be as healthy as any others. Hence the broad statement of Simon that "filth makes disease" is not true as to specific zymotic diseases.

(9.) Those qualities or accompaniments of air and water which produce zymotic diseases are not recognizable by the senses. Hence it is not to be assumed that apparently pure air and water are actually so.

(10.) Aside from moral reasons, filth is, then, to be abhorred because:

(a.) The chemical gaseous products thereof are generally depressing upon the organic functions, and hence act as predisposing causes of disease.

(b.) It arrests, absorbs and retains *specific* ferments.

(c.) It is the best possible situation for their propagation and multiplication.

(d.) It furnishes the means for their diffusion.

(e.) It renders the starving out or stamping out of such diseases difficult or impossible.

(11) The nature of specific miasmata is not known, and is yet to be studied, as is also their behavior, which seems often to be irregular and unexpected.

(12) In studying their nature, the first step, or one of the first steps, is to discriminate between the specific agents themselves and their frequent or usual concomitants.

KITCHEN GARBAGE DISPOSAL.—A correspondent of the *Sanitarian* recommends the burning of all garbage on the premises instead of having it hauled away. The reasons given are exceedingly plausible. He shows that it can be done very easily without producing any nuisance whatever. He says that throwing potato peelings, turnip tops and the refuse of the table immediately into the kitchen fire, they will be burned up right away, without giving out into the house any offensive odors, and by this means they will be easily gotten rid of, and no harm done. If placed into a vessel to await the garbage man, they immediately commence to decompose, exhaling poisonous gases all around. The vessels themselves, too, become saturated with fermenting material, and are things of filth and unwholesomeness. If the gases that are generated constantly by the burning of coal fires in ranges and stoves are all carried off harmless and unperceived, as they are by the chimney, the less penetrating and less powerful gases from the burning of the kitchen refuse will be carried off harmless and unperceived.

Unburned, as is usually the case, he says, this garbage furnishes the *vile leaven* that poisons the streets and fills the air with pestilence, supplying the pabulum of diphtheria and tevers the most malignant and deadly, not only in the streets, but in the houses, and whole hecatombs of children are slain by the unseen foe that enters our dwellings in the filthy garbage-box.

KEY WEST AND YELLOW FEVER.—Near 200 cases of yellow fever occurred at Key West, Florida, during the last summer; but when its sanitary condition is considered, it is a great wonder that many more did not take place. Key West, as described by Dr. S. D. Kennedy, is situated on an island of the same name, which is about seven miles

long and one and a half wide. Its elevation is twelve feet above the sea level, and has a population of about 14,000. It is unpaved, and but imperfectly drained by ditches. These are, with but few exceptions, uncovered. Owing to the fact that the soil in which they are dug is very porous, and there being but little movement in them, their fluid contents are rapidly absorbed, a very small proportion being carried away, except in very hard rains. There is always a large amount of decomposing organic matter scattered about the city, which depends for its removal on the system of drainage mentioned.

It is surprising to us that people living in this civilized and enlightened age are willing to live amidst such filth, which is constantly spreading its poisonous emanations everywhere around; and if the whole population does not fall victims during the course of a season, it is because nature has generously provided that individuals may sometimes live, under certain circumstances, in spite of themselves. Although not stated in the report, we feel warranted in believing that the drinking water is exposed to become contaminated from neighboring privy-vaults and surface drainage. It has recently been discovered, in Cincinnati, that cisterns in certain parts, not supplied with hydrants, have been producing sickness by drainage into them from privy-vaults. The analysis of the water from them developed unmistakable signs of the contamination. There can be no doubt that water in cisterns, near habitations where there are privy-vaults all around, and the surface of the ground is necessarily covered with organic matter of every kind, is not fit for potable and culinary purposes. In towns and cities water distributed through suitable pipes is only healthy for use. In addition to a water supply of such kind, we think that privy-vaults should be dispensed with altogether, every house having its water-closet, etc., connected with a deep sewer under the street. Water-closets inside of the house, connected with a covered vault in the cellar, have proven most disastrous in results, on the covering becoming imperfect and permitting poisonous gases to disseminate throughout the house. But when the connection is with a deep street sewer, there can not be the slightest danger with the improved means of plumbing used nowadays.

But we did not intend to write a paper at the present on drainage in general. The report upon yellow fever in

Key West, published in a recent number of the *Bulletin of the National Board of Health*, in which a brief outline of the condition of its *ditches*, streets, etc., was given, presented such a picture of utter carelessness in regard to all sanitary measures, that we felt like calling attention to it. And yet we do not suppose it is alone in this respect. In another place we have something to say in regard to the burning of garbage, written before having seen the *Bulletin's* article.

DR. E. SEGUIN, of New York, died on the 28th ult., aged sixty-eight years. Although Dr. Seguin was intelligently informed on all medical matters, and although he interested himself specially at times in medical thermometry, the metric system, and other subjects, his claim to permanent remembrance will lie in the work he did for the education of idiots. He was the first to introduce a system of intelligent training for these unfortunates, based upon thorough knowledge of their physiological and anatomical peculiarities. The problem which, at the very first, he set before himself, was to develop to its utmost the scant nervous centers of the idiot. To this problem he brought an unflagging enthusiasm, constant industry, a well-stored and original mind; and his work resulted in the wide establishment of a system of educational training which will remain a perpetual monument to him. By an enthusiasm that could not be dampened either by lack of sympathy or the approach of old age; by an originality which could conceive, and an ability which could create a new and beneficent educational system, Dr. Seguin has won a name which will not be forgotten.

MARRIED, October 5th, at Covington, Ky., by Rev. B. F. Bristow, J. C. Wintermute, M. D., to Miss Mary E. Darrah, daughter of Prof. Darrah.

The pair have our best wishes in uniting their fortunes to travel through life together. We trust they will experience much happiness. They will have to meet some sorrow, but they will, no doubt, meet it bravely. The doctor is a worthy man and a good physician—two great elements of success.

BE PARTICULAR TO GET THE GENUINE
Kidder's Saccharated Pepsine.
TAKE NO OTHER.

OUR PEPSINE IS NOT SOLD IN BULK; the only way you can get the genuine is in original packages. as follows:

ONLY STYLES OF KIDDER'S SACCHARATED PEPSINE.

One ounce, four ounce and eight ounce oblong white flint glass bottles, with our name (Kidder & Laird) blown in the bottle, and sixteen ounce round (plain) bottles, all having on them our metallic caps and labels. THESE ONLY STYLES, THE GENUINE, are sold at 35 cents per ounce, in quantities less than a pound, and \$4 50 by the pound.

CALIFORNIA.

SAN FRANCISCO, CAL., Sept. 13th, 1878.

KIDDER & LAIRD:

Gentlemen—I have used Kidder's Saccharated Pepsine in my own family with the most satisfactory results, and consider it one of the best preparations of the kind manufactured. Yours, etc.

JAMES G. STEELE, *Chemist.*

SAN FRANCISCO, CAL., July 1st, 1878.

KIDDER & LAIRD:

Gentlemen—We find it very satisfactory, and will always purchase your brand hereafter. Yours, etc.,

LAFORE & KAHN.

CONNECTICUT.

BRIDGEPORT, CONN., July 15th, 1878.

KIDDER & LAIRD:

Gentlemen—The physicians have used it in prescriptions, and think it a valuable preparation, and as good as they ever saw, and will give it the preference in their practice. I have been using Hawley's for the last five or six years. Yours, etc.,

W. & E. SHELTON.

WILLINGTON, CONN., Sept. 29th, 1877.

KIDDER & LAIRD:

Gents—Your elegant preparation of Pepsine has been received. I think it superior to any that I have ever used in my practice. Yours, etc.,

W. L. KELSEY, M. D.

ILLINOIS.

EDGEWOOD, ILL., July 11th, 1878.

KIDDER & LAIRD:

Gentlemen—I find Kidder's Saccharated Pepsine a fine article and very effective in conjunction with other treatments in cases of cholera infantum; would recommend it highly in such cases. Yours, etc.,

JOSEPH HALL, M. D.

MILLSTADT, ILL., June 25th, 1878.

KIDDER & LAIRD:

Gentlemen—I have adopted the use of Kidder's Saccharated Pepsine in preference to any other. It has proved satisfactory in every respect. Yours, etc.,

F. H. KRING.

STANTON, ILL., July 30th, 1878.

KIDDER & LAIRD:

Gentlemen—Please send me one pound of Kidder's Saccharated Pepsine. This makes two and three-quarter pounds. I have used it mostly in prescriptions, and prescribed it in my practice, and find it a reliable article. Yours, etc.,

GEORGE BLEY, M. D.

STONE CREEK, ILL., June 15th, 1878.

KIDDER & LAIRD:

Gentlemen—I gave forty grains, in ten-grain doses, and it acted like a charm; shall use no other.

Yours, etc., L. HOBIE, M. D.

WELLINGTON, ILL., March 2d, 1878.

KIDDER & LAIRD:

Gentlemen—I shall be glad to avail myself of another supply when needed. I have tested it, and find it fully up to your representations.

Yours respectfully, DANIEL WESTON.

INDIANA.

GALVESTON, IND., July 5th, 1878.

KIDDER & LAIRD:

Gentlemen—I have given your Kidder's Saccharated Pepsine my careful attention, and find it a splendid preparation. I can recommend it in my practice on account of its good qualities.

Yours, etc., B. U. LOOP.

INDIANAPOLIS, IND., July 12th, 1878.

KIDDER & LAIRD:

Gentlemen—Have given Kidder's Saccharated Pepsine in a number of cases of dyspepsia; also given it to the physicians in this locality, who were well pleased with the superior quality of it.

Yours, etc., S. J. HILLMAN, M. D.

Samples and Circulars sent to Druggists or Physicians on application to
KIDDER & LAIRD 83 John Street New York

SULLIVAN, IND., July 11th, 1878.

KIDDER & LAIRD:

Gentlemen—I have prescribed your Saccharated Pepsine, and recommended it to several physicians, who have used it and pronounce it a first-class article.

Respectfully yours, H. MALOTT, M. D.

WATERMAN, IND., July 19th, 1878.

KIDDER & LAIRD:

Gentlemen—I have ascertained from three doctors in my neighborhood that your Kidder's Saccharated Pepsine is a better article than some of the more expensive preparations. Yours, etc.,

OLIVER LA TOURETTE.

LOUISIANA.

DELHI, RICHMOND PARK, LA., March 20th, 1878.

KIDDER & LAIRD:

Gents—When in need of Pepsine will always order Kidder's in preference to all others, as I like it best.

Yours very respectfully, E. W. THOMSON.

MANSFIELD, LA., Jan. 31st, 1878.

KIDDER & LAIRD:

Gents—I know it to be an excellent remedy, and shall in future keep it always on hand, both for my practice and myself. Yours respectfully,

R. T. GIBBS, M. D.

MARYLAND.

ANNAPOLIS, June 20th, 1878.

KIDDER & LAIRD:

Gentlemen—Since the reception of your sample of Kidder's Saccharated Pepsine we have used no other. We consider it a first-class preparation. We have never heard anything to the contrary. We shall continue to dispense it unless well-founded objections are made, which we do not fear. We purchase from Messrs. Thomsen & Muth. Yours, etc.,

J. F. PERKINS & BRO.

BALTIMORE, June 19th, 1878.

KIDDER & LAIRD:

Gentlemen—I am using Kidder's Saccharated Pepsine with a great deal of satisfaction. I tested it with Scheffer's, and could not detect the least difference, and, in consequence, have had a number of pounds of yours, purchased from Thomsen & Muth.

Yours, etc., ISAAC R. BEAM.

BALTIMORE, June 19th, 1878.

KIDDER & LAIRD:

Gentlemen—Your Kidder's Saccharated Pepsine appears to be all you claim for it. I have not bought a grain elsewhere since I commenced using yours.

Yours, etc., C. A. GOSNELL.

BALTIMORE, MD., June 20th, 1878.

KIDDER & LAIRD:

Gentlemen—Your Kidder's Saccharated Pepsine has given good satisfaction. It is all you claim for it. Will hereafter use none but Kidder's.

Yours, etc., A. C. HUTHWELKER.

181 LEXINGTON ST., BALTIMORE, MD.

KIDDER & LAIRD:

Gentlemen—Have used Kidder's Saccharated Pepsine for the past year with entire satisfaction. I use no other except specially prescribed. I obtain my supply from Messrs. W. H. Brown & Bro., or Messrs. Thomsen & Muth, Baltimore.

Yours, etc., H. C. MOORE, M. D.

BALTIMORE, June 21st, 1878.

KIDDER & LAIRD:

Gentlemen—I have used Kidder's Saccharated Pepsine alongside Scheffer's, Bundault's, and others, as ordered, and have no reason to believe yours below the standard.

Yours, etc., JOHN SCHWARTZ.

CUMBERLAND, MD., Jan. 21st, 1878.

KIDDER & LAIRD:

Dear Sirs—Kidder's Saccharated Pepsine meets every want of the physicians here.

Very truly, J. F. ZACHARIAS.



BOUDAULT'S PEPSINE,

And Wine, Elixir, Syrup, Pills and Lozenges of Pepsine.

Since 1834, when Pepsine was first introduced by Messrs. CORVISART and BOUDAULT, Boudault's Pepsine has been the only preparation which has at all times given satisfactory results.

The medals obtained by Boudault's Pepsine at the different exhibitions of 1867, 1868, 1872, and recently at the Vienna Exhibition of 1873, are unquestionable proofs of its excellence.

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Each dose of two teaspoonsful, equal to 120 drops, contains:

Pure oil 80 m. (drops).	Soda 1-3 grains.
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Soluble Pancreatin, 5 grains.	Hydrochloric Acid 1-20 "

Dose - Two teaspoonsful alone, or mixed with twice the quantity of soft water, to be taken thrice daily with meals.

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FACTS FROM OHIO.



THE USE OF DEXTRO-QUININE IN INTERMITTENT FEVER.

Name, and sex of patient.	Age, etc.	No. paroxysms before taking.	Paroxysms after taking.	Dose and mode of exhibition.	Total amount exhibited.	Remarks, pathological and physiological phenomenon, etc.	Reported by
Miss D.	28	Unknown, a great many.	0	3 grs. every 3 hours.	30 grs.	Had been under treatment about four months with Cinchonidia Sulphate, which would control the paroxysms at the moment but they would invariably return. Used <i>Dextro-Quinine</i> in the same doses and there has been no return of the chills. Another case, Mrs. B., <i>act.</i> 77, was unable to take Cinchonidia on account of the severe tinnitis aurium, etc. I prescribed <i>Dextro-Quinine</i> without any head symptoms with satisfactory result.	G. S. Krieger, M.D., Lebanon, O.
Geo. C., male. "Has used Quinine until the name of it gave him the horrors."	28 Single.	Unknown, has been suffering with almost daily paroxysms for nearly 2 years.	0	9 grs., in three doses of 3 grs. each, 3, 2, and 1 hour before the expected attacks.	9 grs.	Missed chill on first day, put him on pills containing <i>Dextro-Quinine</i> , Ferri. Acid Arsenious and Ext. Nux Vom., and has had no return of chill to date. This man in connection with the chills was down with the yellow fever in Memphis during the late scourge. He returned here and has been under my treatment ever since his return. I have used Quinine and Cinchonidia with very poor success in his case.	B. S. Chambers, M.D., Cincinnati, O.
Miss Smith.	27	3	0	4 grs. every 2 hours combined with 1/2 gr. doses of Capsicum.	16 grs.	The best word I can say for <i>Dextro-Quinine</i> is, that I have not prescribed any other anti-periodic since receiving sample of <i>Dextro-Quinine</i> . I find the action more certain when combined with Capsicum, as I also did with Sulphate of Quinine.	J. W. Lisle, M.D., Millfield, Ohio.
Miss Artz.	25	For 3 years more or less frequently.	1	4 grs. every 3 hrs. until 16 grs. were given, then same repeated.	32 grs.		
Mrs. C. Taken Quinine without any effect.	25	15	0	2 gr. pills, every 2 hours.	34 grs.	Had taken quinine without any effect. Had had no return since using the <i>Dextro-Quinine</i> . Now over four months.	J. Frank Vignor, M.D., Gilead Station, Ohio.
Lena Rush. Had taken 15 grs. of Quinia daily without effect.	26, mother of 4 children	8	0	2 gr. pill every hour till 5 were taken.	20 grs.	Paroxysm every day about 4 p.m. Cold and hot stages short, followed by very profuse sweating. Had taken Sulphate of Quinia 15 grs. per day, without any effect whatever.	A. J. Learned, M.D., Pataskala, Ohio.
Mr. C.C.	40	20 or more.	0	5 grs. every 3 hrs. until 30 gr. taken, then 5 gr. 3 times a day.	120 grs.	I find that it is equally as good as Quinine Sulphate, with none of the unpleasant head symptoms derived from the latter.	J. F. Heady, A.M., M.D., Springdale, Ohio.
Mr. H.O.	42	Two, but often had them previously.	0	5 grs. every hr., till 30 grs. were given.	30 grs.	Perfectly satisfactory. Have obtained only good results in the cases in which I have used the <i>Dextro-Quinine</i> .	
Jas. L.	26	About 30.	0	15 grs., in 3 powders, 3, 2, and 1 hr. before the chill.	15 grs.	In all these cases I began treatment with Cathartic, then after chill was checked put them on tonics, and on 7th, 14th and 21st days, I repeated the dose in lessened quantities. I very seldom have any trouble with return of chill.	
Annie C.	17	3	0	12 grs., in 4 pills, 2 at night and 2 in morning.	12 grs.	I sent you report of the 1st case I had, Geo. Caldwell, which was the worst case I have ever seen. He has never had any return. I have used it in a large number of cases with about the same average result as when I used the Sulph. of Quinine. I cannot say that I see much difference between <i>Dextro-Quinine</i> and Sulphate of Quinine. I send 3 reports of cases from my own O. D. P. list. Of course, cases of this kind are usually of the very worst type. I send from my list, cases Nos. 18, 33, and 48.	B. S. Chambers, M.D., District Physician, New- port, Ky.
Jas. J., col'd.	38	About 30.	0	20 grs., in 4 pills, 4, 3, 2, and 1 hour before chill time.	20 grs.		

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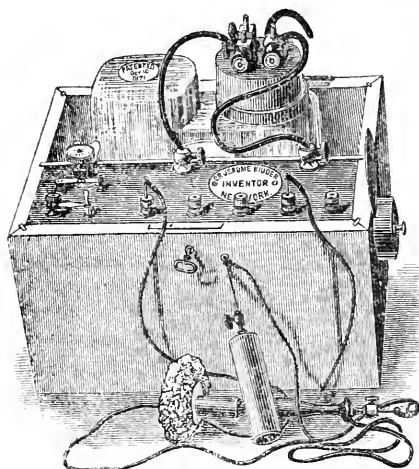
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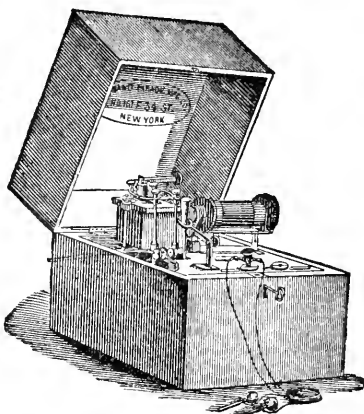
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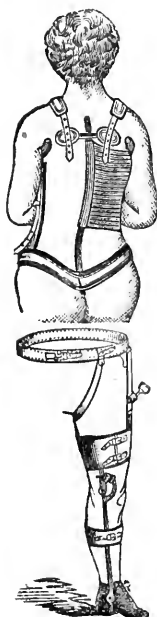
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Chemical Report on Maltine.

BY WALTER S. HAINES, M. D.,
Professor of Chemistry and Toxicology, Rush Medical College, Chicago.

CHEMICAL LABORATORY OF RUSH MEDICAL COLLEGE, }
CHICAGO, November 18, 1879. }

In order to test the comparative merits of Maltine and the various extracts of malt in the market, I purchased from different druggists samples of Maltine and of the most frequently prescribed extracts of malt, and have subjected them to chemical analysis.

As the result of these examinations, I find that Maltine contains from half as much again to three times the quantity of phosphates (nerve and brain food and bone producers), and from three to fourteen times as much diastase and other albuminoids (digestive agents and muscle producers), as any of the extracts of malt examined. Since the value of such preparations is indicated very exactly by the proportion of these—their two most important constituents, I have no hesitation in pronouncing Maltine greatly superior to any extract of malt which I examined.

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After full trial of the different Oils and Extract of Malt preparations, in both hospital and private practice, I find MALTINE most applicable to the largest number of patients, and superior to any remedy of its class. Theoretically, we would expect this preparation, which has become *practically officinal*, to be of great value in chronic conditions of waste and mal-nutrition, especially as exemplified in phthisis. Being rich in Diastase, Albuminoids and Phosphates, according to careful analysis, it aids in digesting farinaceous food, while in itself it is a brain, nerve and muscle producer.

WM. PORTER, A. M., M. D., *St. Louis, Mo.*

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EDMUND NASH, M. D.

Kensington Dispensary, London, November 24, 1879.

We are using your MALTINE among our patients, and find great benefit from it, especially in cases of phthisis.

DR. CHIPPENDALE, *Resident Medical Officer.*

The Beeches, Northwold, July 28, 1879.

I find that my patients can readily digest your MALTINE with Cod Liver Oil without causing any unpleasant after-feeling. I have full confidence in the virtue it possesses to sustain the system during prolonged diseases of a tubercular or atrophic nature.

FREDERICK JOY, L.R.C.P., M.R.C.S.

PROF. L. P. YANDELL, in *Louisville Medical News*, January 3, 1880:—MALTINE is one of the most valuable remedies ever introduced to the Medical Profession. Wherever a constructive is indicated, MALTINE will be found excellent. In pulmonary phthisis and other scrofulous diseases, in chronic syphilis, and in the various cachectic conditions, it is invaluable.

Adria, Mich., February 16, 1880.

I have used your MALTINE preparations in my practice for the past year and consider them far superior to the Extract of Malt. I have used your Malto-Yerbine in my own case of severe bronchitis that has troubled me for the past five years. It has done me more good than anything I have ever tried.

J. TRIPP, M. D.

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SECOND:—*That Maltine, Maltine with Peptones, and Maltine with Pepsin and Pancreatine, rapidly correct imperfect digestion and mal-nutrition in wasting diseases.*

THIRD:—*That Maltine is the most important constructive agent now known to the Medical Profession in Pulmonary Phthisis.*

FOURTH:—*That Maltine causes an increase in weight and strength one and a half to three times greater than any of the Extracts of Malt.**

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* MALTINE is a concentrated extract of malted Barley, Wheat and Oats. In its preparation we employ not to exceed 150° Fahr., thereby retaining all the nutritive and digestive agents unimpaired. Extracts of Malt are made from Barley alone, by the German process which directs that the mash be heated to 212° Fahr., thereby coagulating the Albuminoids and almost wholly destroying the starch digestive principle, Diastase.

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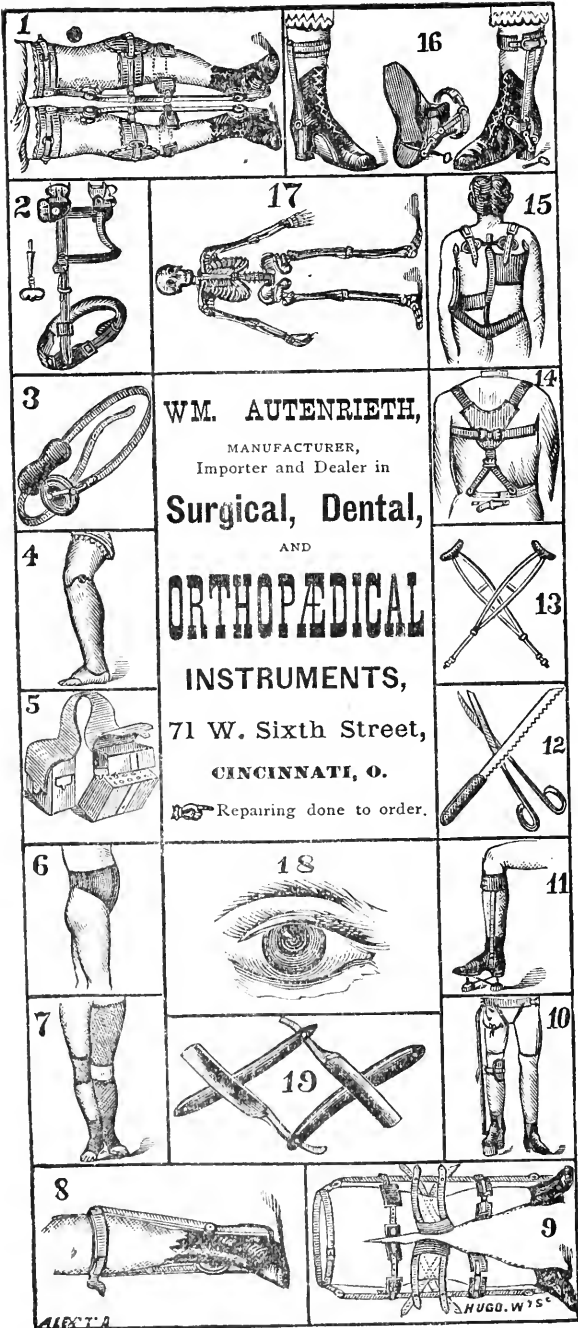
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